

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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR FIRST MI <u>CORTNEY</u> <u>CARLISLE</u> NICKNAME LAST SUFFIX <u>NILAND</u>	OFFICE USE ONLY Date Received <div style="text-align: right; font-size: 2em; font-weight: bold;"> 2011 JUL 14 AM 9:02 CITY CLERK DEPT. </div>
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>4545 Honey Willow Way</u> <u>EL PASO, TX 79922</u>
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915) 588-1289</u>
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6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI NICKNAME LAST SUFFIX <u>LUIS</u> <u>GASCA</u>	
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>542 MEADOW WILLOW DR.</u> <u>EL PASO, TX 79922</u>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915) 539-5574</u>
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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)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>5 / 5 / 2011</u> <u>6 / 30 / 2011</u>
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11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>CITY COUNCIL REP. DISTRICT 8</u>
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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
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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

COMMITTEE NAME

CITIZENS FOR PROSPERITY

COMMITTEE ADDRESS

201 VILLA SERENA CT.
EL PASO, TX 79922

COMMITTEE CAMPAIGN TREASURER NAME

ROBERT H. HOY JR.

COMMITTEE CAMPAIGN TREASURER ADDRESS

201 VILLA SERENA CT.
EL PASO, TX 79922

additional pages

CITY CLERK DEPT.
2011 JUL 14 AM 9:02

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)

\$ 26,178.70

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 7,081.77

CONTRIBUTION BALANCE

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

\$ 2,959.03

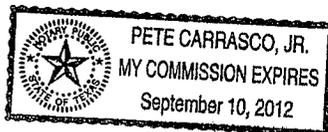
OUTSTANDING LOAN TOTALS

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 C. Niland
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Pete Carrasco Jr
Signature of officer administering oath

Pete Carrasco Jr
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:	
2 FILER NAME <i>CORTNEY C. NILAND</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>MAY 6, 2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT + MARIA BAIN</i>	7 Amount of contribution (\$) <i>\$500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>14160 BLAIR CO. HORIZON CITY, TX 79928</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>MAY 9, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT F. & KAREN FOSTER</i>	Amount of contribution (\$) <i>\$2,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6080 SURETY DR. STE 300 EL PASO, TX 79905</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 9, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACK T. CHAPMAN</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>221 N. KANSAS ST. SUITE 1910 EL PASO, TX 79901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 12, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES ROGERS III</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6556 GRAND RIDGE EL PASO, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 13, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT SCHWARTZ</i>	Amount of contribution (\$) <i>\$2,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>619 CAMINO REAL EL PASO, TX 79922</i>		(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:	
2 FILER NAME <i>CORTNEY C. NILAND</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>MAY 16, 2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EDMUNDO & VERONICA CASTANEDA</i>	7 Amount of contribution (\$) <i>\$ 250</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>375 MORNING STAR DR. EL PASO, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>MAY 16, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GILES WEISENBERGER</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5915 SILVER SPRINGS #5 EL PASO, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 16, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRIS & KIMBERLY KLEBERG</i>	Amount of contribution (\$) <i>\$ 200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4729 ROSINANTE EL PASO TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 16, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ENRIQUE & REBECCA BERNAL</i>	Amount of contribution (\$) <i>\$ 75</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13426 PINE VALLEY AV. EL PASO, TX 79928</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 16, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANTHONY & JULIE MULLEN</i>	Amount of contribution (\$) <i>\$ 500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>304 ROSEMONT EL PASO, TX 79922</i>		(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:	
2 FILER NAME <i>CORTADY C. NILAND</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>MAY 19, 2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES E. ROGERS JR.</i>	7 Amount of contribution (\$) <i>\$500</i>	8 In-kind contribution description (if applicable) <i>2011 JUL 15 AM 10:02 CITY CLERK</i>
6 Contributor address; City; State; Zip Code <i>2505 E. MISSOURI AV, 544-3111 EL PASO TX 79903</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>MAY 23, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DOUGLAS A. SCHWANTZ</i>	Amount of contribution (\$) <i>\$2,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 13611 ELIASO, TX 79913</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 14, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE DIPP</i>	Amount of contribution (\$) <i>\$60</i>	In-kind contribution description (if applicable) <i>WATER FOR VOLUNTEERS</i>
Contributor address; City; State; Zip Code <i>EL PASO TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 5, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CITIZENS FOR PROSPERITY PAC</i>	Amount of contribution (\$) <i>\$4,738 ⁷⁰/_{xx}</i>	In-kind contribution description (if applicable) <i>DIRECT MAIL</i>
Contributor address; City; State; Zip Code <i>201 VILLA SERENA CT. EL PASO, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 6, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CITIZENS FOR PROSPERITY PAC</i>	Amount of contribution (\$) <i>\$2,695</i>	In-kind contribution description (if applicable) <i>GOTV EFFORTS</i>
Contributor address; City; State; Zip Code <i>201 VILLA SERENA CT. EL PASO, TX 79922</i>		(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:	
2 FILER NAME <i>CORTNEY C. NILAND</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>MAY 6, 2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CITIZENS FOR PROSPERITY</i>	7 Amount of contribution (\$) <i>\$3,000</i>	8 In-kind contribution description (if applicable) <i>VIDEO PRODUCTION</i>
6 Contributor address; City; State; Zip Code <i>201 VILLA SERENA CT. EL PASO, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>MAY 6, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CITIZENS FOR PROSPERITY</i>	Amount of contribution (\$) <i>\$1,000</i>	In-kind contribution description (if applicable) <i>VOTER DATA</i>
Contributor address; City; State; Zip Code <i>201 VILLA SERENA CT. EL PASO, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 10, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CITIZENS FOR PROSPERITY</i>	Amount of contribution (\$) <i>\$1,500</i>	In-kind contribution description (if applicable) <i>WEB DESIGN AND MAINTENANCE</i>
Contributor address; City; State; Zip Code <i>201 VILLA SERENA CT. EL PASO, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>MAY 14, 2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CITIZENS FOR PROSPERITY</i>	Amount of contribution (\$) <i>\$6,000</i>	In-kind contribution description (if applicable) <i>CAMPAIGN CONSULTING</i>
Contributor address; City; State; Zip Code <i>201 VILLA SERENA CT. EL PASO, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

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2011 JUL 14 AM 9:02

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

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)
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4 Date <i>5-6-2011</i>	5 Payee name <i>THE GREENERY</i>
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6 Amount (\$) <i>#4751</i>	7 Payee address; City; State; Zip Code <i>SUNLAND PARK MAUL 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>FOOD/BEVERAGE EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>MEETING WITH CONSTITUENTS</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-6-2011</i>	Payee name <i>R-MED SPORTING GOODS</i>
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Amount (\$) <i>#632.24</i>	Payee address; City; State; Zip Code <i>1501 WYOMING EL PASO, TX 79902</i>
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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>T-SHIRTS FOR VOLUNTEERS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-9-2011</i>	Payee name <i>POPCORN EXTRAVAGANZA</i>
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Amount (\$) <i>#53.58</i>	Payee address; City; State; Zip Code <i>7930 N. MESA, STE A-3 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>SNACKS FOR VOLUNTEERS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-9-2011</i>	Payee name <i>CAFE ITALIA</i>
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Amount (\$) <i>39.56</i>	Payee address; City; State; Zip Code <i>6705 N. MESA ST. EL PASO, TX 79912</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>MEETING WITH VOLUNTEERS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>5-10-2011</i>		5 Payee name <i>7-11</i>			
6 Amount (\$) <i>\$1790</i>		7 Payee address; City; State; Zip Code <i>4858 N. MESA EL PASO, TX 79912</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>WATER/SODAS FOR VOLUNTEERS</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>5-10-2011</i>		Payee name <i>7-11</i>			
Amount (\$) <i>\$1067</i>		Payee address; City; State; Zip Code <i>4858 N. MESA EL PASO, TX 79912</i>			
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 FOR VOLUNTEERS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>5-10-2011</i>		Payee name <i>CRAVE KITCHEN</i>			
Amount (\$) <i>\$1496</i>		Payee address; City; State; Zip Code <i>300 CINCINNATI EL PASO, TX 79902</i>			
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>MEETING WITH CONSTITUENTS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>5-10-2011</i>		Payee name <i>STARBUCKS</i>			
Amount (\$) <i>\$162</i>		Payee address; City; State; Zip Code <i>2300 N. MESA EL PASO, TX 79902</i>			
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 FOR VOLUNTEER</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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 CITY CLERK DEPT.

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
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)
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4 Date <i>5-9-2011</i>	5 Payee name <i>SUBWAY</i>
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6 Amount (\$) <i>\$36⁷⁰</i>	7 Payee address; City; State; Zip Code <i>4400 N. MESA 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>FOOD/BEVERAGE expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR VOLUNTEERS</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-9-2011</i>	Payee name <i>SUBWAY</i>
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Amount (\$) <i>\$36⁷⁰</i>	Payee address; City; State; Zip Code <i>4400 N. MESA EL PASO, TX 79912</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>FOOD FOR VOLUNTEERS</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-11-2011</i>	Payee name <i>CIRCLE K</i>
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Amount (\$) <i>23⁴⁷</i>	Payee address; City; State; Zip Code <i>6200 N. MESA EL PASO, TX 79999</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 FOR VOLUNTEERS</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-11-2011</i>	Payee name <i>MCDONALD'S</i>
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Amount (\$) <i>\$12³⁹</i>	Payee address; City; State; Zip Code <i>7900 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>FOOD FOR VOLUNTEERS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>COURTNEY C. NILAND</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-11-2011</i>	5 Payee name <i>SUBWAY</i>
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6 Amount (\$) <i>\$ 801</i>	7 Payee address; City; State; Zip Code <i>6932 N. MESA 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>FOOD / BEVERAGE expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR VOLUNTEERS</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-12-2011</i>	Payee name <i>SUBWAY</i>
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Amount (\$) <i>\$ 102⁹³</i>	Payee address; City; State; Zip Code <i>6932 N. MESA EL PASO, TX 79912</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>FOOD FOR VOLUNTEERS</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-12-2011</i>	Payee name <i>SHAMROCK</i>
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Amount (\$) <i>\$ 55⁸⁷</i>	Payee address; City; State; Zip Code <i>5400 N. MESA EL PASO, TX 79912</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>FOOD FOR VOLUNTEERS</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-12-2011</i>	Payee name <i>CIRCLE K</i>
--------------------------	-------------------------------

Amount (\$) <i>\$ 43⁴⁹</i>	Payee address; City; State; Zip Code <i>6200 N. MESA EL PASO TX 79999</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>TRANSPORTATION</i>	Description (If travel outside of Texas, complete Schedule T) <i>GASOLINE FOR VOLUNTEER</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date <i>5-12-2011</i>	5 Payee name <i>CIRCLE K</i>
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6 Amount (\$) <i>12.46</i>	7 Payee address; City; State; Zip Code <i>6200 N. MESA EL PASO, TX 79999</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>DRINKS FOR VOLUNTEERS</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-12-2011</i>	Payee name <i>CIRCLE K</i>
--------------------------	-------------------------------

Amount (\$) <i>3.44</i>	Payee address; City; State; Zip Code <i>6200 N. MESA EL PASO, TX 79999</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 FOR VOLUNTEERS</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-13-2011</i>	Payee name <i>SAM'S</i>
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Amount (\$) <i>\$ 96.54</i>	Payee address; City; State; Zip Code <i>7900 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 FOR VOLUNTEERS</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-13-2011</i>	Payee name <i>THE GREENERY</i>
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Amount (\$) <i>55.85</i>	Payee address; City; State; Zip Code <i>SUNLAND PARK MALL EL PASO, TX 79912</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>MEETING WITH CONSTITUENTS</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date <i>5-13-2011</i>	5 Payee name <i>HOT DOG ON A STICK</i>
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6 Amount (\$) <i># 300³⁹</i>	7 Payee address; City; State; Zip Code <i>SUNLAND PARK MALL 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>FOOD/BEVERAGE expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR VOLUNTEERS</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-14-2011</i>	Payee name <i>DIAMOND SHAMROCK</i>
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Amount (\$) <i># 17⁹⁷</i>	Payee address; City; State; Zip Code <i>3898 DONIPHAN EL PASO TX 79922</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 FOR VOLUNTEERS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-14-2011</i>	Payee name <i>REAL BURRITO</i>
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Amount (\$) <i># 18⁶²</i>	Payee address; City; State; Zip Code <i>3535 N. MESA EL PASO TX 79902</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>FOOD FOR VOLUNTEERS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-14-2011</i>	Payee name <i>CIRCLE K</i>
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Amount (\$) <i># 22⁶⁸</i>	Payee address; City; State; Zip Code <i>2200 N. MESA EL PASO TX 79902</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 FOR VOLUNTEERS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date <i>5-14-2011</i>	5 Payee name <i>MESA HILLS SHAMROCK</i>
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6 Amount (\$) <i>#5142</i>	7 Payee address; City; State; Zip Code <i>5400 N. MESA 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>TRANSPORTATION</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>GASOLINE FOR VOLUNTEER</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-14-2011</i>	Payee name <i>BURRITO FACTORY</i>
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Amount (\$) <i>#12436</i>	Payee address; City; State; Zip Code <i>4907 CROSSROADS EL PASO TX 79922</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD / BEVERAGE</i>	Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR VOLUNTEERS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-14-2011</i>	Payee name <i>THE STATE LINE</i>
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Amount (\$) <i>#1,370.72</i>	Payee address; City; State; Zip Code <i>1222 SUNLAND PARK EL PASO TX 79922</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>ELECTION NIGHT RALLY</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-16-2011</i>	Payee name <i>KIRSTIN PEREZ</i>
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Amount (\$) <i>860.63</i>	Payee address; City; State; Zip Code <i>200 N. MESA #1709 EL PASO, TX 79912</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN SERVICES</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>5-16-2011</i>		5 Payee name <i>REFUGIO CHAVIRA</i>			
6 Amount (\$) <i>\$500</i>		7 Payee address; City; State; Zip Code <i>EL PASO, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN SIGNS</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-16-2011</i>		Payee name <i>EDDIE MILNER</i>			
Amount (\$) <i>\$475</i>		Payee address; City; State; Zip Code <i>EL PASO, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>MUSIC FOR ELECTION NIGHT</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-16-2011</i>		Payee name <i>M.A. & ASSOCIATES</i>			
Amount (\$) <i>\$150</i>		Payee address; City; State; Zip Code <i>EL PASO, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>D.J. FOR RALLY</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-16-2011</i>		Payee name <i>R-MED</i>			
Amount (\$) <i>146⁷⁰</i>		Payee address; City; State; Zip Code <i>1501 WYOMING EL PASO, TX 79902</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>T-SHIRTS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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)
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4 Date <i>5-23-2011</i>	5 Payee name <i>THE GREENERY</i>
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6 Amount (\$) <i>\$ 4237</i>	7 Payee address; City; State; Zip Code <i>SUNLAND PARK MALL 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>FOOD/BEVERAGE expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>MEETING WITH VOLUNTEERS</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-23-2011</i>	Payee name <i>ABC PARTY WORLD</i>
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Amount (\$) <i>\$ 24826</i>	Payee address; City; State; Zip Code <i>5044 DONIPHAN EL PASO, TX 79932</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>TABLES & CHAIRS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-23-2011</i>	Payee name <i>AT&T</i>
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Amount (\$) <i>\$ 41037</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN PHONE</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-24-2011</i>	Payee name <i>CORTNEY NILAND</i>
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Amount (\$) <i>\$ 929.97</i> <i>XX</i>	Payee address; City; State; Zip Code <i>4545 HONEY WILLOW WAY EL PASO, TX 79922</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE expense - REIMBURSEMENT</i>	Description (If travel outside of Texas, complete Schedule T) <i>COMPUTER EQUIPMENT</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date <i>5-25-2011</i>	5 Payee name <i>APPLE STORE</i>
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6 Amount (\$) <i>\$68³⁵</i>	7 Payee address; City; State; Zip Code
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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>CAMPAIGN CORRESPONDENCE</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>6-24-2011</i>	Payee name <i>U.S. POSTAL SERVICE</i>
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Amount (\$) <i>\$38¹⁶</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>POSTAGE</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	Payee name
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Amount (\$)	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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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CITY CLERK DEPT
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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	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

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

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	Office sought	Office held
---	-------------------------------	---------------	-------------

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	Office sought	Office held
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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	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)

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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 <i>CORTNEY C. NILAND</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>MAY 16, 2011</i>	5 Payor name <i>LUIS GASCA</i>	8 Amount (\$) <i>\$ 200</i>
6 Payor address; City; State; Zip Code <i>542 MEADOW WILLOW EL PASO TX 79922</i>		
7 Reason for credit <i>RETURNED CAMPAIGN CONTRIBUTION</i>		
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

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