

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 / MRS / MR FIRST MI Mrs Cortney C <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Niland	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">4/9/2015 8:59:35 AM</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		4/9/2015 8:59:35 AM		Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY																	
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Date Hand-delivered or Postmarked																	
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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, TX 79922																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 249-6001																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Luis <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Gasca																
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 542 Meadow Willow Dr, El Paso, TX 79922																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 539-5574																
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)						
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<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 01/01/2015 03/30/2015																
11 ELECTION	ELECTION DATE Month Day Year 05/09/2015	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) City Council Rep. District 8	13 OFFICE SOUGHT (if known)															

City Clerk Dept.
4/9/2015 11:33:29 AM

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
Mrs Cortney C Niland

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 15
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 60,593
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 36.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,030.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,172.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cortney C Niland, this the 9 day of April, 20 15, to certify which, witness my hand and seal of office.

Dolores Jenkins

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

City Clerk Dept.
4/9/2015 11:33:29 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
24

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01/09/2015

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

Miguel Fernandez

6 Contributor address; City; State; Zip Code

411 Rim Rd, El Paso, TX 79902

7 Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/09/2015

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

Adam & Dana Frank

Contributor address; City; State; Zip Code

801 River Oaks Dr, El Paso, TX 79912

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/09/2015

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

Robert H. Hoy Jr.

Contributor address; City; State; Zip Code

201 Villa Serena Ct, El Paso, TX 79922

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/09/2015

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

J. Robert Brown

Contributor address; City; State; Zip Code

123 W. Mills, Ste 610, El Paso, TX 79901

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/09/2015

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

Don & Adair Margo

Contributor address; City; State; Zip Code

201 E. Main, Ste 1603, El Paso, TX 79901

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

City Clerk Dept.
4/9/2015 11:33:29 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
24

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01/29/2015

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

Stanley P. Jobe

6 Contributor address; City; State; Zip Code

1150 Southview Dr, El Paso, TX 79928

7 Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/29/2015

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

Scott & Marica Bain

Contributor address; City; State; Zip Code

812 Fairway Circle, El Paso, TX 79922

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/29/2015

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

Lane Gaddy

Contributor address; City; State; Zip Code

908 Cincinnati, El Paso, TX 79902

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2015

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

Harold Hahn

Contributor address; City; State; Zip Code

2244 Trawood, Ste 100, El Paso, TX 79935

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2015

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

Michael Maddox

Contributor address; City; State; Zip Code

6927 N. Mesa, Ste D, El Paso, TX 79912

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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

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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01/30/2015

5 Full name of contributor

Gregory Bowling

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

5533 Woodfield, El Paso, TX 79932

7 Amount of contribution (\$)

500

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

01/30/2015

Full name of contributor

Bobby Bowling

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

457 San Clemente, El Paso, TX 79912

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2015

Full name of contributor

Randy Bowling

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6504 Contessa Ridge, El Paso, TX 79912

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2015

Full name of contributor

Will Harvey

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

P.O. Box 12730, El Paso, TX 79913

Amount of contribution (\$)

450

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2015

Full name of contributor

Robert L. Bowling

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

4655 Cohen Av, El Paso, TX 79924

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(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

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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/06/2015

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

Richard J. Amstater

6 Contributor address; City; State; Zip Code

500 Montoya, El Paso, TX 79922

7 Amount of contribution (\$)

500

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

02/13/2015

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

Adam & Dana Frank

Contributor address; City; State; Zip Code

801 River Oaks Dr. El Paso, TX 79912

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2015

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

Paul & Susan Carlisle

Contributor address; City; State; Zip Code

21 Whitworth Way, Sugarland, TX 77479

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2015

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

Joseph Moody

Contributor address; City; State; Zip Code

P.O. Box 920827, El Paso, TX 79902

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2015

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

J. A. Cardwell

Contributor address; City; State; Zip Code

6080 Surety Dr, El Paso, TX 79902

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(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

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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/13/2015

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

Gerald & Stanlee Rubin

6 Contributor address; City; State; Zip Code

538 Laurel Canyon, El Paso, TX 79912

7 Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/21/2015

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

Meyer & Melinda Marcus

Contributor address; City; State; Zip Code

6500 Montana, El Paso, TX 79925

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2015

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

John & Mary E. Karlsruhe

Contributor address; City; State; Zip Code

35 Sun Point, El Paso, TX 79912

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2015

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

Brent Harris

Contributor address; City; State; Zip Code

4909 Olmos St, El Paso, TX 79922

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2015

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

Clement & Amy Marcus

Contributor address; City; State; Zip Code

824 Dulcinea, El Paso, TX 79922

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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

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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/21/2015

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

Will & Katherine Brown

6 Contributor address; City; State; Zip Code

845 Forest Willow, El Paso, TX 79922

7 Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/21/2015

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

Clinton H. Dean Jr

Contributor address; City; State; Zip Code

4212 O'Keefe, El Paso, TX 79902

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2015

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

Robert Foster

Contributor address; City; State; Zip Code

6080 Surety Dr, El Paso, TX 79905

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2015

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

Will Harvey

Contributor address; City; State; Zip Code

P.O. Box 12730, El Paso, TX 79913

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

Isha Rogers Babel

Contributor address; City; State; Zip Code

1505 Rim Rd, El Paso, TX 79902

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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

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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/24/2015

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

Robert Skipworth

6 Contributor address; City; State; Zip Code

310 N. Mesa, Ste 600, El Paso, TX 79901

7 Amount of contribution (\$)

250

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

02/24/2015

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

Bradley Roe

Contributor address; City; State; Zip Code

601 N. Cotton, Ste 6, El Paso, TX 79902

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

Irving J. Brown

Contributor address; City; State; Zip Code

200 Bartlett Dr, Ste 105, El Paso, TX 79912

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

Rebecca Krasne

Contributor address; City; State; Zip Code

1107 Baltimore, El Paso, TX 79902

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

Randy & Robin Grambling

Contributor address; City; State; Zip Code

1200 Cerrito Alegre, El Paso, TX 79912

Amount of contribution (\$)

250

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/24/2015

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

Robert W. Niland

6 Contributor address; City; State; Zip Code

4800 N. Stanton, # 155, El Paso, TX 79902

7 Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/24/2015

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

Larry G. Francis

Contributor address; City; State; Zip Code

817 Wingfoote, El Paso, TX 79912

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

Robert G. Efaw

Contributor address; City; State; Zip Code

2016 N. St Vrain, El Paso, TX 79902

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

Myrna J. Deckert

Contributor address; City; State; Zip Code

4276 Canterbury Dr, El Paso, TX 79902

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

Maria Teran

Contributor address; City; State; Zip Code

4804 Villa Encanto, El Paso, TX 79922

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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4/9/2015 11:33:29 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
24

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/24/2015

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

Peter A. Spier

6 Contributor address; City; State; Zip Code

705 E. Baltimore, El Paso, TX 79902

7 Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/24/2015

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

Florence L. Carlisle

Contributor address; City; State; Zip Code

1880 Edson Dr, Beaumont, TX 77706

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

Steven & Annette Hoy

Contributor address; City; State; Zip Code

700 Cincinnati, El Paso, TX 79902

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2015

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

John & Christine Folmer

Contributor address; City; State; Zip Code

4961 Vista Del Monte, El Paso, TX 79922

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/26/2015

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

Tommy Lewis

Contributor address; City; State; Zip Code

712 Cinnamon Teal, El Paso, TX 79932

Amount of contribution (\$)

200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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2 FILER NAME
Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date
02/26/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Steve & Martha DeGroat

6 Contributor address; City; State; Zip Code
712 Cervantes Ct, El Paso, TX 79922

7 Amount of contribution (\$)
350

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
02/26/2015

Full name of contributor out-of-state PAC (ID#: _____)
J.O. Stewart Jr

Contributor address; City; State; Zip Code
124 W. Castellanos # 213, El Paso, TX 79912

Amount of contribution (\$)
250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/26/2015

Full name of contributor out-of-state PAC (ID#: _____)
Richard Kovacevich

Contributor address; City; State; Zip Code
420 Montgomery St, San Francisco, CA 94104

Amount of contribution (\$)
500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/26/2015

Full name of contributor out-of-state PAC (ID#: _____)
Patricia Holland-Branch

Contributor address; City; State; Zip Code
5203 Wimbledon Way, El Paso, TX 79932

Amount of contribution (\$)
500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/26/2015

Full name of contributor out-of-state PAC (ID#: _____)
Robert V. Wingo

Contributor address; City; State; Zip Code
1021 Los Jardines, El Paso, TX 79912

Amount of contribution (\$)
1000

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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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/26/2015

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

Tracy Fletcher

6 Contributor address; City; State; Zip Code

5205 Valley Spring Way, El Paso, TX 79932

7 Amount of contribution (\$)

75

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/26/2015

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

Kenneth A. Telg

Contributor address; City; State; Zip Code

17001 Pawnee Xing, College Station, TX 77845

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/26/2015

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

Michael B. Houghton

Contributor address; City; State; Zip Code

1508 Ridgewood St, Houston, TX 77006

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Trish Tanner

Contributor address; City; State; Zip Code

1150 Southview Dr, El Paso, TX 79928

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Russell Hanson

Contributor address; City; State; Zip Code

5045 Amen Corner, El Paso, TX 79922

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/27/2015

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

Lu A. Beaman

6 Contributor address; City; State; Zip Code

6186 Los Felinos, El Paso, TX 79912

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/27/2015

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

Susan & Gregory Daw

Contributor address; City; State; Zip Code

4790 Sol De Alma, El Paso, TX 79922

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Paul Ro & Marina Monsisvais

Contributor address; City; State; Zip Code

2209 Pittsburgh, El Paso, TX 79930

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

James F. Scherr

Contributor address; City; State; Zip Code

109 N. Oregon, Ste 1200, El Paso, TX 79901

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Stuart & Jennifer Sliva

Contributor address; City; State; Zip Code

1204 Calle Del Sur, El Paso, TX 79912

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/27/2015

5 Full name of contributor

Miguel Fernandez

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

411 Rim Rd, El Paso, TX 79902

7 Amount of contribution (\$)

750

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

02/27/2015

Full name of contributor

Katie Feuille

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

857 River Oaks, El Paso, TX 79912

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

Full name of contributor

David & Cindy Osborn

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6537 Loma De Cristo, El Paso, TX 79912

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

Full name of contributor

Rafael Adame

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

764 Dahlia Ct, El Paso, TX 79922

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

Full name of contributor

Mark & Priscilla Cossentino

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6016 Torrey Pines, El Paso, TX 79912

Amount of contribution (\$)

500

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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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/27/2015

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

HNTB Holdings

6 Contributor address; City; State; Zip Code

7500 Viscount, Ste 100, El Paso, TX 79925

7 Amount of contribution (\$)

500

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

02/27/2015

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

Jo Ann Casey

Contributor address; City; State; Zip Code

1000 Madeline, El Paso, TX 79902

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Tom Cardenas & Carmen Ochoa

Contributor address; City; State; Zip Code

5901 Pomona, El Paso, TX 79912

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Lisa Goodrich

Contributor address; City; State; Zip Code

4750 Portsmouth, El Paso, TX 79922

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Deborah G. Hamlyn

Contributor address; City; State; Zip Code

1224 Madeline, El Paso, TX 79902

Amount of contribution (\$)

500

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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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/27/2015

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

Kathy & Raymond Palacios

6 Contributor address; City; State; Zip Code

637 Willow Glen, El Paso, TX 79922

7 Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/27/2015

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

Chad & Caroline North

Contributor address; City; State; Zip Code

330 Lombardy, El Paso, TX 79922

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Richard Zamora

Contributor address; City; State; Zip Code

2238 Estate Gate, San Antonio, TX 78260

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Keeli & Mark Jernigan

Contributor address; City; State; Zip Code

817 Forest Willow, El Paso, TX 79922

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Dennis Neessen

Contributor address; City; State; Zip Code

5625 South Desert Blvd, El Paso, TX 79932

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/27/2015

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

E.C. Houghton Jr

6 Contributor address; City; State; Zip Code

**414 Executive Center, Ste 205, El Paso, TX
79902**

7 Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/27/2015

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

Jack Chapman

Contributor address; City; State; Zip Code

221 N. Kansas, Ste 1910, El Paso, TX 79901

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2015

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

Stanley P. Jobe

Contributor address; City; State; Zip Code

1150 Southview Dr, El Paso, TX 79928

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2015

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

Douglas A. Schwartz

Contributor address; City; State; Zip Code

P.O. Box 13611, El Paso, TX 79913

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2015

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

Michael Norwich

Contributor address; City; State; Zip Code

825 Forest Willow, El Paso, TX 79922

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/02/2015

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

James A. Dick IV

6 Contributor address; City; State; Zip Code

5800 Montana, El Paso, TX 79925

7 Amount of contribution (\$)

250

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

03/02/2015

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

Dede Rogers

Contributor address; City; State; Zip Code

1800 N. Stanton, # 1103, El Paso, TX 79902

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2015

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

Jack & Carroll Maxon

Contributor address; City; State; Zip Code

6927 N. Mesa, Ste C, El Paso, TX 79912

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2015

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

Mike & Trisha Ainsa

Contributor address; City; State; Zip Code

1020 Broadmoor, El Paso, TX 79912

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2015

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

Michael E. Guerra

Contributor address; City; State; Zip Code

408 Cincinnati, El Paso, TX 79902

Amount of contribution (\$)

100

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/03/2015

5 Full name of contributor

Victor Apodaca III

6 Contributor address; City; State; Zip Code

211 S. Kansas, El Paso, TX 79901

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/03/2015

Full name of contributor

Bill Burton Jr

Contributor address; City; State; Zip Code

720 Waltham Ct, El Paso, TX 79922

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2015

Full name of contributor

Ricardo Fernandez

Contributor address; City; State; Zip Code

500 W. Overland, Ste 250, El Paso, TX 79901

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2015

Full name of contributor

Luis Gasca

Contributor address; City; State; Zip Code

542 Meadow Willow Dr, El Paso, TX 79922

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2015

Full name of contributor

Scott Schwartz

Contributor address; City; State; Zip Code

P.O. Box 12010, El Paso, TX 79913

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/05/2015

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

Scott & Adela McLaughlin

6 Contributor address; City; State; Zip Code

1209 Rim Rd, El Paso, TX 79902

7 Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/05/2015

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

Jose & Rebecca Cardenas

Contributor address; City; State; Zip Code

6105 Camino Alegre, El Paso, TX 79912

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2015

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

Lisa Riley

Contributor address; City; State; Zip Code

12232 N. 104th St, Scottsdale, AZ 85260

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2015

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

Steve Ortega

Contributor address; City; State; Zip Code

521 Texas Av, El Paso, TX 79901

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/06/2015

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

Peter Svarzbein

Contributor address; City; State; Zip Code

705 E. Baltimore, El Paso, TX 79902

Amount of contribution (\$)

118

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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1 Total pages Schedule A:
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2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/06/2015

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

Joshua & Martha Hunt

6 Contributor address; City; State; Zip Code

1101 E. Baltimore, El Paso, TX 79902

7 Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/06/2015

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

Blake Anderson

Contributor address; City; State; Zip Code

5012 Meadowlark, El Paso, TX 79922

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/06/2015

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

Woody & Gayle Hunt

Contributor address; City; State; Zip Code

P.O. Box 12220, El Paso, TX 79913

Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2015

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

Jeff & Lisa Schumacher

Contributor address; City; State; Zip Code

100 Creek Springs, Boerne, TX 78006

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2015

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

George Salom Jr

Contributor address; City; State; Zip Code

807 S. El Paso St. El Paso, TX 79901

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

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:
24

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/10/2015

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

Richard Aguilar

6 Contributor address; City; State; Zip Code

8201 Lockheed, El Paso, TX 79925

7 Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/10/2015

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

Patricia Russell

Contributor address; City; State; Zip Code

2500 Scenic Crest #12, El Paso, TX 79930

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2015

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

Shelley Freeman

Contributor address; City; State; Zip Code

135 S. McCarty Dr, Beverly Hills, CA 90212

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2015

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

Stefanie Block Uribarri

Contributor address; City; State; Zip Code

1100 Montana, Suite 206, El Paso, TX 79902

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2015

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

Christina Hernandez

Contributor address; City; State; Zip Code

6216 Lovebird, El Paso, TX 79924

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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:
24

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/11/2015

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

Mike & Norma Hunt

6 Contributor address; City; State; Zip Code

901 Via Mia Ct, El Paso, TX 79912

7 Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/11/2015

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

Octavio Gomez

Contributor address; City; State; Zip Code

904 McKelligon, El Paso, TX 79902

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2015

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

Dan Longoria

Contributor address; City; State; Zip Code

140 Camino Barranca, El Paso, TX 79912

Amount of contribution (\$)

5150

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
two billboards

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2015

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

V.J. Smith

Contributor address; City; State; Zip Code

405 Sharondale, El Paso, TX 79912

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/23/2015

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

Bruce Gulbas

Contributor address; City; State; Zip Code

833 Lakeway, El Paso, TX 79932

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

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:
24

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/30/2015

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

Luis & Manuela Hernandez

6 Contributor address; City; State; Zip Code

321 Alicia Dr, El Paso, TX 79905

7 Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/30/2015

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

Christine Gallegos

Contributor address; City; State; Zip Code

3428 Jan De Roos Pl, El Paso, TX 79936

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

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

Denis Rochford

Contributor address; City; State; Zip Code

6228 Franklin Hawk, El Paso, TX 79912

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

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

Yolanda A. Garcia

Contributor address; City; State; Zip Code

2100 Lee Elder, El Paso, TX 79936

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

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

Ernest & Linda Noack

Contributor address; City; State; Zip Code

4021 Gibson Veck, El Paso, TX 79922

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

City Clerk Dept.
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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:
24

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/30/2015

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

Dan Olivas

6 Contributor address; City; State; Zip Code

240 Thunderbird, Ste D, El Paso, TX 79912

7 Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor 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 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 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 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)

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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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(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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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

0

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/21/2015	5 Payee name Oooa Photography	
6 Amount (\$) 324.75	7 Payee address; City; State; Zip Code Las Cruces, NM	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) photography
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Cortney C. Niland	Office sought Office held City Rep. Dist 8
Date 01/21/2015	Payee name Matthew Abraham	
Amount (\$) 172.5	Payee address; City; State; Zip Code 5411 N. Mesa, El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 01/21/2015	Payee name Hunter Quartermane	
Amount (\$) 250	Payee address; City; State; Zip Code 5411 N. Mesa, El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 01/22/2015	Payee name Facebook	
Amount (\$) 254.68	Payee address; City; State; Zip Code 1601 Willow Rd, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Social Media
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/02/2015	5 Payee name Facebook	
6 Amount (\$) 95.38	7 Payee address; City; State; Zip Code 1601 Willow Rd, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Social Media
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/02/2015	Candidate / Officeholder name Coyote Strategies	
Amount (\$) 1500	Payee name Coyote Strategies	
	Payee address; City; State; Zip Code 4009 Cisco Valley Dr, Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Logo & Invite Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/04/2015	Candidate / Officeholder name The Forma Group	
Amount (\$) 3000	Payee name The Forma Group	
	Payee address; City; State; Zip Code 301 N. Mesa, Ste 401, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/04/2015	Candidate / Officeholder name City of El Paso	
Amount (\$) 254.95	Payee name City of El Paso	
	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Filing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/05/2015	5 Payee name Leg Up Entertainment	
6 Amount (\$) 2706.25	7 Payee address; City; State; Zip Code 1 Ballpark Plaza, El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Facility Rental Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2015	Candidate / Officeholder name Harland Clarke	
Amount (\$) 77.65	Payee name Harland Clarke	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking Expense	Description (If travel outside of Texas, complete Schedule T) Checks & Deposit Stamp
Candidate / Officeholder name Harland Clarke		
Office sought Office held		
Date 02/17/2015	Payee name U.S. Postal Service	
Amount (\$) 56	Payee address; City; State; Zip Code	
	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Postage
Candidate / Officeholder name		
Office sought Office held		
Date 02/17/2015	Payee name Tovar Printing	
Amount (\$) 627.85	Payee address; City; State; Zip Code 1230 Texas Av, El Paso, TX 79901	
	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Invitations
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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/17/2015	5 Payee name U. S. Postal Service	
6 Amount (\$) 139.66	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2015	Candidate / Officeholder name Walmart	
Amount (\$) 16.86	Office sought Office held	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) clipboards
Candidate / Officeholder name Office sought Office held		
Date 02/24/2015	Payee name Party City	
Amount (\$) 161.38	Payee address; City; State; Zip Code 655 Sunland Park Dr, El Paso, TX 79912	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Balloons, Decorations
Candidate / Officeholder name Office sought Office held		
Date 02/25/2015	Payee name Fedex Office	
Amount (\$) 17.89	Payee address; City; State; Zip Code 4190 N. Mesa, El Paso, TX 79902	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Office Supplies
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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/26/2015	5 Payee name The Garden	
6 Amount (\$) 96.19	7 Payee address; City; State; Zip Code 511 Western, El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Meeting with Volunteers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/26/2015	Candidate / Officeholder name Best Buy # 237	
Amount (\$) 21.63	Payee name Best Buy # 237	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Credit Card Readers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2015	Candidate / Officeholder name Katie Scott	
Amount (\$) 125	Payee name Katie Scott	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2015	Candidate / Officeholder name Jason Borrego	
Amount (\$) 125	Payee name Jason Borrego	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/27/2015	5 Payee name Christy Carrillo	
6 Amount (\$) 125	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2015	Candidate / Officeholder name Esteban Terrazas	
Amount (\$) 125	Payee address; City; State; Zip Code Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2015	Candidate / Officeholder name Valeria Mendoza	
Amount (\$) 125	Payee address; City; State; Zip Code Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2015	Candidate / Officeholder name Facebook	
Amount (\$) 373.2	Payee address; City; State; Zip Code 1601 Willow Rd, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Social Media
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/10/2015	5 Payee name Hope Wright	
6 Amount (\$) 325	7 Payee address; City; State; Zip Code 700 Mundy Dr, El Paso, TX 79902	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Music
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/11/2015	Payee name Leg Up Entertainment	
Amount (\$) 1271.54	Payee address; City; State; Zip Code 1 Ballpark Plaza, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food for Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/12/2015	Payee name Facebook	
Amount (\$) 500.06	Payee address; City; State; Zip Code 1601 Willow Rd, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Social Media
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/12/2015	Payee name Tovar Printing	
Amount (\$) 81.19	Payee address; City; State; Zip Code 1230 Texas Av, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Pushcards
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: 12		2 FILER NAME Cortney C. Niland		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/18/2015		5 Payee name Office Depot			
6 Amount (\$) 30.16		7 Payee address; City; State; Zip Code 1838 Joe Battle, El Paso, TX 79936			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Expense		(b) Description (If travel outside of Texas, complete Schedule T) Office Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/18/2015		Payee name Tovar Printing			
Amount (\$) 570.48		Payee address; City; State; Zip Code 1230 Texas Av, El Paso, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Pushcards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/19/2015		Payee name Coyote Strategies			
Amount (\$) 1500		Payee address; City; State; Zip Code 4009 Cisco Valley Dr, Round Rock, TX 78664			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Yardsign, Billboard & Pushcard Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/20/2015		Payee name The Forma Group			
Amount (\$) 4000		Payee address; City; State; Zip Code 301 N. Mesa, Suite 401, El Paso, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting Services	
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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/20/2015	5 Payee name Katie Scott	
6 Amount (\$) 500	7 Payee address; City; State; Zip Code 5764 Kingsfield, El Paso, TX 79912	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2015	Candidate / Officeholder name Allprint	
Amount (\$) 866	Office sought Office held	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Yard Signs
Candidate / Officeholder name Office sought Office held		
Date 03/23/2015	Payee name Jaime Abeytia	
Amount (\$) 300	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Online Advertising
Candidate / Officeholder name Office sought Office held		
Date 03/23/2015	Payee name Office Depot	
Amount (\$) 9.75	Payee address; City; State; Zip Code 801 Sunland Park, El Paso, TX 79912	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Office Supplies
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: 12		2 FILER NAME Cortney C. Niland		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/29/2015		5 Payee name Walgreens			
6 Amount (\$) 9.47		7 Payee address; City; State; Zip Code 2879 Montana, El Paso, TX 79903			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Water for Volunteers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/29/2015		Candidate / Officeholder name Allprint			
Amount (\$) 97.43		Payee name Allprint			
Amount (\$) 97.43		Payee address; City; State; Zip Code 7230 Gateway East, El Paso, TX 79915			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Banner	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/30/2015		Candidate / Officeholder name O'Reilly			
Amount (\$) 3.24		Payee name O'Reilly			
Amount (\$) 3.24		Payee address; City; State; Zip Code 1010 N. Piedras, El Paso, TX 79903			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Expense		Description (If travel outside of Texas, complete Schedule T) Batteries	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/30/2015		Candidate / Officeholder name Super Stop			
Amount (\$) 9.79		Payee name Super Stop			
Amount (\$) 9.79		Payee address; City; State; Zip Code 2133 Central, El Paso, TX 79905			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Ice	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/29/2015	5 Payee name Food City	
6 Amount (\$) 58.13	7 Payee address; City; State; Zip Code 8200 Alameda, El Paso, TX 79905	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food for Rally
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/29/2015	Payee name La Estrellita De Jalisco	
Amount (\$) 5	Payee address; City; State; Zip Code 420 S. Estrella, El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Food for Rally
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/29/2015	Payee name Lowes	
Amount (\$) 49.06	Payee address; City; State; Zip Code 3518 Montana, El Paso, TX 79903	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Food for Rally
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/29/2015	Payee name Costco	
Amount (\$) 139.95	Payee address; City; State; Zip Code 6101 Gateway West, El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Food for Rally
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: 12	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/29/2015	5 Payee name Food City	
6 Amount (\$) 74.09	7 Payee address; City; State; Zip Code 8200 Alameda, El Paso, TX 79905	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Drinks for Rally
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/30/2015	Candidate / Officeholder name Katie Scott	
Amount (\$) 250	Office sought Office held	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Services
Candidate / Officeholder name Office sought Office held		
Date 03/30/2015	Payee name Piryx	
Amount (\$) 608.57	Payee address; City; State; Zip Code 144 2nd St, San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking Expense	Description (If travel outside of Texas, complete Schedule T) Banking Services
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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: 0	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
---------------------------------	---	--

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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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)
------------------------	--	---

Date	Payee name
------	------------

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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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 0	2 FILER NAME Cortney C. Niland	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business 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)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 0	2 FILER NAME Cortney C. Niland	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 (See instructions regarding type of information required.)
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Date	Payee name
------	------------

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 (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

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 (See instructions regarding type of information required.)
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Date	Payee name
------	------------

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 (See instructions regarding type of information required.)
------------------------	--	--

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME
Cortney C. Niland

3 ACCOUNT # (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

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

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Mrs Cortney C Niland

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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