

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI CORTNEY CARLISLE NICKNAME LAST SUFFIX NILAND	OFFICE USE ONLY CITY CLERK DEPT. 012 JAN 12 PM 1:32 Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4545 HONEY WILLOW WAY EL PASO, TX 79922		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 588-1289		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI LUIS 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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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 7 / 1 / 2011 12 / 31 / 2011		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / /		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL REP. DISTRICT 8	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

- GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

CITY CLERK DEPT.
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18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,000

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,735.90

CONTRIBUTION BALANCE

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

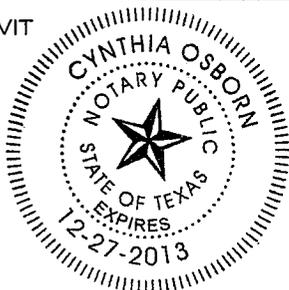
\$ 160.13

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



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

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Courtney Wiland, this the 12 day of Jan, 20 12, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

CYNTHIA OSBORN
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2012 JAN 12 PM 1:32

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1/1	
2 FILER NAME CORTNEY C. NILAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date AUG. 30, 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS ASSOCIATION OF REALTORS PAC. 6 Contributor address; City; State; Zip Code P.O. BOX 2246 AUSTIN, TX 78768	7 Amount of contribution (\$) \$1,000 (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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

CITY CLERK DEPT.

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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: 17	2 FILER NAME CORTNEY C. NILAND	3 ACCOUNT # (Ethics Commission Filers)
4 Date JUL 1, 2011	5 Payee name COSTCO	
6 Amount (\$) 368 ⁰² / _{xx}	7 Payee address; City; State; Zip Code 6101 GATEWAY WEST BLVD. EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date JUL 8, 2011	Payee name LOS COLORINES	
Amount (\$) 14 ⁵⁹	Payee address; City; State; Zip Code 2 CIVIC CENTER PLAZA EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) LUNCH WITH CONSTITUENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date JUL 8 2011	Payee name OFFICE DEPOT	
Amount (\$) 491 ²²	Payee address; City; State; Zip Code 801 SUNLAND PARK DR EL PASO, TX 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) OFFICE EQUIPMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date JUL 12, 2011	Payee name WAL-MART	
Amount (\$) 120 ⁵²	Payee address; City; State; Zip Code 7555 N. MESA EL PASO, TX 79912	
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 CONSTITUENT MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

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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: <i>27</i>	2 FILER NAME <i>CORTNEY C. NILAND</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>JUL 13, 2011</i>	5 Payee name <i>OFFICE DEPOT</i>
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6 Amount (\$) <i>114.96</i>	7 Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR EL PASO, TX 79912</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Office supplies</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>JUL 14, 2011</i>	Payee name <i>CORNER BAKERY</i>
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Amount (\$) <i>273.88</i>	Payee address; City; State; Zip Code <i>655 SUNLAND PARK DR. EL PASO, TX 79925</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR CONSTITUENT MEETING</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>JUL 21, 2011</i>	Payee name <i>HOBBY LOBBY</i>
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Amount (\$) <i>59.43</i>	Payee address; City; State; Zip Code <i>7930 N. MESA EL PASO, TX 79932</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>AWARD PLAQUE</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>JUL 25, 2011</i>	Payee name <i>AT&T</i>
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Amount (\$) <i>70.30</i>	Payee address; City; State; Zip Code <i>655 SUNLAND PARK EL PASO, TX 79912</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>PHONE</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

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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: 3/7	2 FILER NAME CORTNEY C. NILAND	3 ACCOUNT # (Ethics Commission Filers)
4 Date JUL 26, 2011	5 Payee name LUBY'S	
6 Amount (\$) 2691	7 Payee address; City; State; Zip Code 3601 N. MESA EL PASO, TX 79902	
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) CONSTITUENT MEETING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date AUG. 5 2011	Payee name FEDERAL EXPRESS	
Amount (\$) 17833	Payee address; City; State; Zip Code 4190 N. MESA EL PASO, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) COMMUNITY MEETING DISPLAY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date AUG. 26, 2011	Payee name HOBBY LOBBY	
Amount (\$) 7307	Payee address; City; State; Zip Code 7930 N. MESA EL PASO, TX 79932	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date AUG. 30, 2011	Payee name WAL-MART	
Amount (\$) 1382	Payee address; City; State; Zip Code 7555 N. MESA EL PASO, TX 79912	
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 CONSTITUENT MEETING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

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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: <i>4/7</i>	2 FILER NAME <i>CORTNEY C. NILAND</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>AUG 30, 2011</i>	5 Payee name <i>ALBERTSON'S</i>
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6 Amount (\$) <i>1356</i>	7 Payee address; City; State; Zip Code <i>7022 N. MESA EL PASO, TX 79912</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FOOD EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR COMMUNITY MEETING</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>AUG. 31 2011</i>	Payee name <i>SOUTHWEST AIRLINES</i>
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Amount (\$) <i>20140</i>	Payee address; City; State; Zip Code <i>2702 LOVE FIELD DALLAS, TX 75235</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>TRAVEL OUT OF DISTRICT</i>	Description (If travel outside of Texas, complete Schedule T) <i>MEETING WITH STATE OFFICIALS</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>SEP 8, 2011</i>	Payee name <i>HERTZ RENT-A-CAR</i>
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Amount (\$) <i>10576</i>	Payee address; City; State; Zip Code <i>3600 PRESIDENTIAL BLVD. AUSTIN, TX 78719-2339</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>TRAVEL OUT OF DISTRICT</i>	Description (If travel outside of Texas, complete Schedule T) <i>MEETING WITH STATE OFFICIALS</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>SEP 15, 2011</i>	Payee name <i>OFFICE DEPOT</i>
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Amount (\$) <i>7255</i>	Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR. EL PASO, TX 79912</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>OFFICE SUPPLIES</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2012 JAN 12 PM 1:32

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: <i>57</i>		2 FILER NAME <i>CORTNEY C. NILAND</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>SEP 15, 2011</i>		5 Payee name <i>COSTCO</i>			
6 Amount (\$) <i>403³⁵</i>		7 Payee address; City; State; Zip Code <i>6101 GATEWAY WEST BLVD. EL PASO, TX 79925</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>OFFICE EQUIPMENT</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>SEP 16, 2011</i>		Payee name <i>HOBBY LOBBY</i>			
Amount (\$) <i>30³¹</i>		Payee address; City; State; Zip Code <i>7930 N. MESA EL PASO, TX 79932</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>OFFICE SUPPLIES</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>OCT 17, 2011</i>		Payee name <i>SAM^S</i>			
Amount (\$) <i>183⁸⁷</i>		Payee address; City; State; Zip Code <i>8153 N. MESA EL PASO, TX 79932</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>FOOD EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR NEIGHBORHOOD ASSOC MTG</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>NOV. 1, 2011</i>		Payee name <i>LITTLE CAESARS</i>			
Amount (\$) <i>54¹³</i>		Payee address; City; State; Zip Code <i>6310 N. MESA EL PASO, TX 79912</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>FOOD EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR NEIGHBORHOOD ASSOC MTG</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.

POLITICAL EXPENDITURES **SCHEDULE F**

2012 JAN 12 PM 1:32

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: <i>6/7</i>	2 FILER NAME <i>CORTNEY C. NILAND</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>NOV. 14, 2011</i>	5 Payee name <i>FRIENDS OF SUSAN COMBS</i>
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6 Amount (\$) <i>#100</i>	7 Payee address; City; State; Zip Code <i>950 WESTBANK DR. WESTLAKE HILLS, TX 78746</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>DONATION</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>NOV. 14, 2011</i>	Payee name <i>GREATER EL PASO CHAMBER OF COMMERCE</i>
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Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>10 CIVIC CENTER PLAZA EL PASO, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEES</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>NOV. 18, 2011</i>	Payee name <i>AT&T</i>
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Amount (\$) <i>86.59</i>	Payee address; City; State; Zip Code <i>655 SUNLAND PARK DR. EL PASO, TX 79912</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>PHONE EXPENSE</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>NOV. 18, 2011</i>	Payee name <i>RADIO SHACK</i>
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Amount (\$) <i>4329</i>	Payee address; City; State; Zip Code <i>8001 N. MESA EL PASO, TX 79922</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>OFFICE EQUIPMENT</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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CITY CLERK DEPT.
POLITICAL EXPENDITURES 2012 JAN 12 PM 1:32 **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: <i>77</i>	2 FILER NAME <i>COURTNEY C. NILAND</i>	3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>DEC. 23, 2011</i>	5 Payee name <i>AUBREYSONS</i>		
6 Amount (\$) <i>35.99</i>	7 Payee address; City; State; Zip Code <i>7022 N. MESA EL PASO TX 79912</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FOOD EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR NEIGHBORHOOD ASSOC. MTG</i>	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date <i>AUG. 4, 2011</i>	Payee name <i>CHAMIZAL NEIGHBORHOOD ASSOCIATION</i>		
Amount (\$) <i>500</i>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>DONATION BY OFFICEHOLDER</i>	Description (If travel outside of Texas, complete Schedule T) <i>ECO-CLUB COMMUNITY GARDEN</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED