

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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
CORTNEY CARLISLE
NICKNAME LAST SUFFIX
Niland

OFFICE USE ONLY

Date Received

2011 MAY -5

CITY CLERK DEPT.

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4545 Honey Willow Way
EL PASO, TX 79922
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 588-1289

6 CAMPAIGN TREASURER NAME

MS / MRS / MR 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
EL PASO, TX 79922

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 539-5574

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholders only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
4 / 5 / 2011 THROUGH 5 / 4 / 2011

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 14 / 2011 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL REP DISTRICT 8

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT CITY CLERK DEPT. FORM C/OH
SUPPORT & TOTALS 2011 MAY -5 PM 4:19 COVER SHEET PG 2

15 C/OH NAME CORTNEY C. NILAND 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)	\$ 10,175
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,242 ⁰⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,537 ³⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP/SEAL ABOVE

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

Cortney Niland
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Cortney Niland, this the 5 day of May, 20 11, to certify which, witness my hand and seal of office.

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

CITY CLERK DEPT.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2011 MAY -5 PM 4:19

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1/4</u>	
2 FILER NAME <u>CORTNEY C. NILAND</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>APR 5, 2011</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT L. BOWLING</u>	7 Amount of contribution (\$) <u>\$ 250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4655 COHEN AV. EL PASO, TX 79924</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>APR 7, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EL PASO ASSOCIATION OF BUILDERS</u>	Amount of contribution (\$) <u>\$ 1,000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6046 SURETY DR. EL PASO, TX 79905</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>APR 6, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TEXAS ASSOCIATION OF REALTORS PAC</u>	Amount of contribution (\$) <u>\$ 1,000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. BOX 2246 AUSTIN, TX 78768</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>APR 6, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>THOMAS P. YEGGE</u>	Amount of contribution (\$) <u>\$ 200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1112 TERRELL EL PASO, TX 79936</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>APR 6, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DENNIS D. HEALY</u>	Amount of contribution (\$) <u>\$ 200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6120-D LOS ROBLES EL PASO, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CITY CLERK DEPT.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** 2011 MAY -5 PM 4:19 **SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 2/4

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

4 Date APR 12, 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINTON H. DEAN JR. 6 Contributor address; City; State; Zip Code 4212 O'KEEFE EL PASO, TX 79902	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

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

Date APR 14, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYAN H. HALL Contributor address; City; State; Zip Code 725 RIO VALLE CT	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

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

Date APR 14, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN L YEGGE Contributor address; City; State; Zip Code 6357 CASPER RIDGE EL PASO, TX 79912	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

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

Date APR 17, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD A. GOODMAN III Contributor address; City; State; Zip Code 4911 MEADOWLARK DR. EL PASO, TX 79922	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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(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**

CITY CLERK DEPT.

2011 MAY -5 PM 4: 19

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3/4	
2 FILER NAME CORTNEY C. NILAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date APR 17, 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ADAM FRANK	7 Amount of contribution (\$) \$ 675	8 In-kind contribution description (if applicable) OFFICE SPACE
6 Contributor address; City; State; Zip Code 801 RIVER OAKS DR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date APR 20, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SAM PAXSON	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 508 SATELLITE DR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date APR 20, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARRY ROMERO	Amount of contribution (\$) \$ 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3230 MONTANA EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date APR 26, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EL PASO MUNICIPAL POLICE OFFICERS PAC	Amount of contribution (\$) \$ 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 747 E. SAN ANTONIO #103 EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date APR 27, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRITT L. PORTER	Amount of contribution (\$) \$ 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4442 SHADOW WILLOW DR. EL PASO TX 79922		(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**

CITY CLERK DEPT.

2011 MAY -5 PM 4:19

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4/4</u>	
2 FILER NAME <u>CORTNEY C. NILAND</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>APR 27, 2011</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>RANDAL O'LEARY</u>	7 Amount of contribution (\$) <u>\$ 1,000</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>7910 GATEWAY EAST #102 EL PASO, TX 79915</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>APR 29, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ROBERT NILAND</u>	Amount of contribution (\$) <u>\$ 500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4800 N. STANTON # 155 EL PASO, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>APR 30, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>WILL BROWN</u>	Amount of contribution (\$) <u>\$ 150</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>845 FOREST WILLOW CIR EL PASO, TX 79922</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>MAY 4, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>STANLEY P. JOBE</u>	Amount of contribution (\$) <u>\$ 1,000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1150 SOUTHVIEW DR. EL PASO, TX 79928</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>MAY 4, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>SUZANNE DIPP</u>	Amount of contribution (\$) <u>\$ 500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. BOX 55 EL PASO, TX 79940-0055</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 MAY -5 PM 4:19

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>1/3</i>		2 FILER NAME <i>CORTNEY C. NILAND</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-7-2011</i>		5 Payee name <i>SAM'S CLUB</i>			
6 Amount (\$) <i>\$72.77</i>		7 Payee address; City; State; Zip Code <i>8153 N. MESA EL PASO, TX 79932</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>COOKIES & JUICES FOR SENIOR CENTER</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-8-2011</i>		Payee name <i>OFFICE DEPOT</i>			
Amount (\$) <i>\$393.25</i>		Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR. EL PASO, TX 79912</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>PUSH CARDS</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-11-2011</i>		Payee name <i>BOWIE BAKERY</i>			
Amount (\$) <i>\$24.46</i>		Payee address; City; State; Zip Code <i>901 S. PARK ST. EL PASO, TX 799</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>PASTRIES FOR SENIOR CENTER</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-14-2011</i>		Payee name <i>SAM'S CLUB</i>			
Amount (\$) <i>\$56.48</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/BEVERAGE EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>COOKIES & JUICES FOR SENIOR CENTER</i>	
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

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 MAY -5 PM 4:19

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/3	2 FILER NAME CORTNEY C. NILAND	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-21-2011	5 Payee name 501 BAR + BISTRO
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6 Amount (\$) \$ 2340	7 Payee address; City; State; Zip Code 501 TEXAS AV. SUITE 16 EL PASO, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE expense	(b) Description (If travel outside of Texas, complete Schedule T) MEETING WITH CONSTITUENTS
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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 4-21-2011	Payee name THE FORMA GROUP
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Amount (\$) \$ 4,738.00	Payee address; City; State; Zip Code 301 E. SAN ANTONIO SUITE B-201 EL PASO, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING expense	Description (If travel outside of Texas, complete Schedule T) MAILER
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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 4-29-2011	Payee name THE FORMA GROUP
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Amount (\$) \$ 4,738.00	Payee address; City; State; Zip Code 301 E. SAN ANTONIO SUITE B-201 EL PASO, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING expense	Description (If travel outside of Texas, complete Schedule T) MAILER
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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 5-2-2011	Payee name LUBY'S
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Amount (\$) \$ 2243	Payee address; City; State; Zip Code 3601 N. MESA ST. EL PASO, TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE expense	Description (If travel outside of Texas, complete Schedule T) MEETING WITH CONSTITUENTS
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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

2011 MAY -5 PM 4:19

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: 3/3	2 FILER NAME COURTNEY C. NILAND	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-2-2011	5 Payee name KIRSTIN PEREZ	
6 Amount (\$) \$309.32	7 Payee address; City; State; Zip Code 200 N. MESA HILLS # 1709 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-10-2011	Payee name CLEAR CHANNEL
Amount (\$) \$3,862.50	Payee address; City; State; Zip Code 2305 SPARKMAN ST. EL PASO, TX 79903

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BILLBOARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED