

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME MICHEL R NOE **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.

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

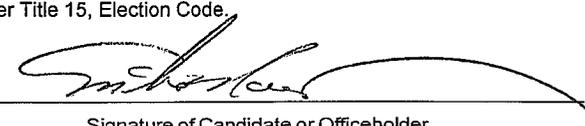
CITY CLERK DEPT.
2011 MAY -5 PM 4:23

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,307.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,692.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,000.00

19 AFFIDAVIT

SYLVIA ACUNA
Notary Public, State of Texas
My Commission Expires
February 24, 2013

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.


 Signature of Candidate or Officeholder

City of El Paso
State of Texas
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sylvia Acuña Sylvia Acuña Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center; font-size: 1.2em;">5</p>	
2 FILER NAME MICHEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/06/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RABA-KISTNER PAC 6 Contributor address; City; State; Zip Code P.O. BOX 690287 SAN ANTONIO, TX 78269	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 04/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALINA FIELDS Contributor address; City; State; Zip Code 6385 FRANKLIN TRAIL EL PASO, TX 79912	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE C WAYNE Contributor address; City; State; Zip Code 5595 WESTSIDE DR EL PASO, TX 79932	Amount of contribution (\$) 450.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) MELCAN LTD	
Date 04/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GY PADILLA Contributor address; City; State; Zip Code 1300 MURCHISON #100 EL PASO, TX 79902	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALFREDO ONTIVEROS JR Contributor address; City; State; Zip Code 12143 N 178TH AVE COLLINSVILLE, OK 74021	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FEMI D. IWALOYE 6 Contributor address; City; State; Zip Code 1900 SUN SPOT ST EL PASO, TX 79938	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER J. POWERS Contributor address; City; State; Zip Code 900 BROADMOOR DR EL PASO, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES J. STUCKEY Contributor address; City; State; Zip Code 8612 GROVER DR EL PASO, TX 79925	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEJANDRO ARIAS Contributor address; City; State; Zip Code 7113 GRANITE EL PASO, TX 79915	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CO-OWNER		Employer (See Instructions) ADVANT-EDGE PHARMACY	
Date 04/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARMEN PEREZ Contributor address; City; State; Zip Code 221 N KANSAS, STE 1400 EL PASO, TX 79901	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LINEBARGER GOGGAN BLAIR	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE T. DOOLITTLE	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6700 N. MESA, STE 201 EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN G. MAXON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6927 N. MESA EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGEL M RIOS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1250 E. CLIFF, STE 3D EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAM Z. FRANK	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 RIVER OAKS DR EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RIVER OAKS PROPERTIES	
Date 04/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGER BRISTOW	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6432 TARASCAS EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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MAY -5
MAY 4, 2011

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/22/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMANDO LOPEZ 6 Contributor address; City; State; Zip Code 9353 VISCOUNT APT 1078 EL PASO, TX 79925	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA PALAFOX Contributor address; City; State; Zip Code 766A ESPADA DR EL PASO, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE C WAYNE Contributor address; City; State; Zip Code 5595 WESTSIDE DR EL PASO, TX 79932	Amount of contribution (\$) 850.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) MELCAN LTD	
Date 05/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEN OKADA Contributor address; City; State; Zip Code P.O. BOX 220600 EL PASO, TX 79913	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions) EL PASO ANESTHESIOLOGY	
Date 05/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE L HERNANDEZ Contributor address; City; State; Zip Code 1621 BILLY CASPER DR EL PASO, TX 79936	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUN CITY PROPERTIES, LLC 6 Contributor address; City; State; Zip Code 1950 PASEO ARENA PLACE EL PASO, TX 79936	7 Amount of contribution (\$) 1,800.00	8 In-kind contribution description (if applicable) OFFICE RENT
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) PHYSICIAN		10 Employer (See Instructions) SELF-EMPLOYED	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME MICHEL R NOE		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 04/08/11	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHEL R NOE	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code 1440 GEORGE DIETER, STE A EL PASO TX 79936	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) PHYSICIAN		13 Employer (See Instructions) SELF-EMPLOYED
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan 05/02/11	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHEL R NOE	Loan Amount (\$) 5,000.00
Is lender a financial Institution? <input checked="" type="radio"/> Y <input type="radio"/> N	Lender address; City; State; Zip Code 1440 GEORGE DIETER, STE A EL PASO TX 79936	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF-EMPLOYED
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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: 4	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/05/11	5 Payee name LAURA MARTINEZ
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6 Amount (\$) 136.00	7 Payee address; City; State; Zip Code 670 NORTH CAROLINA EL PASO, TX 79915
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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
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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 04/05/11	Payee name LOPEZ ADVERTISING
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Amount (\$) 5,000.00	Payee address; City; State; Zip Code 11169 LA QUINTA PL EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) ADVERTISING
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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 04/07/11	Payee name DAVID'S PENNANTS
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Amount (\$) 1,018.63	Payee address; City; State; Zip Code 9911 CARNEGIE ST EL PASO, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
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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 04/12/11	Payee name LAURA MARTINEZ
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Amount (\$) 498.00	Payee address; City; State; Zip Code 670 NORTH CAROLINA EL PASO, TX 79915
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/14/11		5 Payee name LAURA MARTINEZ			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 670 NORTH CAROLINA EL PASO, TX 79915			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/18/11		Payee name ALICE ROSAS			
Amount (\$) 500.00		Payee address; City; State; Zip Code 3615 NEHEMIAH EL PASO, TX 79936			
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		Candidate / Officeholder name		Office sought Office held	
Date 04/25/11		Payee name H & H DINERO TREE, INC			
Amount (\$) 2,143.46		Payee address; City; State; Zip Code 9020 MAYFLOWER AVE EL PASO, TX 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) MAILING SERVICES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/25/11		Payee name TOVAR PRINTING			
Amount (\$) 1,240.00		Payee address; City; State; Zip Code 645 WALLENBERG A-1 EL PASO, TX 79912			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) MAILOUT	
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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 CITY CLERK DEPT.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/25/11		5 Payee name LINDA ZAVALA			
6 Amount (\$) 700.00		7 Payee address; City; State; Zip Code 1332 CORA BELL PL EL PASO, TX 79936			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) VOTER LIST	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/29/11		Payee name BANK OF THE WEST			
Amount (\$) 1.50		Payee address; City; State; Zip Code 500 N. MESA EL PASO, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ACCOUNTING		Description (If travel outside of Texas, complete Schedule T) BANK SERVICE CHARGE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/02/11		Payee name LOPEZ ADVERTISING			
Amount (\$) 3,612.50		Payee address; City; State; Zip Code 11169 LA QUINTA PL EL PASO, TX 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) ADVERTISING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/03/11		Payee name LAURA MARTINEZ			
Amount (\$) 460.00		Payee address; City; State; Zip Code 670 NORTH CAROLINA EL PASO, TX 79915			
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		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/03/11	5 Payee name DAVID'S PENNANTS
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6 Amount (\$) 665.74	7 Payee address; City; State; Zip Code 9911 CARNEGIE EL PASO, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
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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 05/03/11	Payee name PATE APPLEBY, LLP
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Amount (\$) 1,917.00	Payee address; City; State; Zip Code 1011 MONTANA EL PASO, TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING	Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
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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 05/04/11	Payee name EL PASO PRO SPORTSWEAR
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Amount (\$) 162.38	Payee address; City; State; Zip Code 2117 MONTANA AVE EL PASO, TX 79903
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN T-SHIRTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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CITY CLERK DEPT.
MAY -5 PM 4:30

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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: 8	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/05/11	5 Payee name CIRCLE K STORE
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6 Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7800 GATEWAY EAST EL PASO, TX 79915
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) GASOLINE
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Date 04/05/11	Payee name UNITED STATES POSTAL SERVICE
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Amount (\$) 176.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8401 BOEING DR EL PASO, TX 79910
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE
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Date 04/05/11	Payee name XPEDX
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Amount (\$) 50.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6800 GATEWAY EAST #3D EL PASO, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) PAPER AND ENVELOPES
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Date 04/07/11	Payee name SAM'S CLUB
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Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 PELLICANO DR EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) GASOLINE
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME MICHEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/07/11		5 Payee name HOME DEPOT			
6 Amount (\$) 37.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 12221 MONTWOOD EL PASO, TEXAS 79936			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS	
Date 04/07/11		Payee name HOME DEPOT			
Amount (\$) 46.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 11360 PELLICANO DR EL PASO, TX 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS	
Date 04/10/11		Payee name VALERO STORE 1374			
Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 7960 GATEWAY BLVD EL PASO, TEXAS 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) GASOLINE	
Date 04/10/11		Payee name HOME DEPOT			
Amount (\$) 34.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 12221 MONTWOOD EL PASO, TEXAS 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS	
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2011 MAY -5 PM 4:23

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/12/11	5 Payee name 7-11 STORE	
6 Amount (\$) 30.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11601 ROJAS EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) GASOLINE
Date 04/13/11	Payee name HOME DEPOT	
Amount (\$) 64.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 ROJAS DR EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
Date 04/14/11	Payee name CIRCLE K STORE	
Amount (\$) 36.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 ZARAGOZA EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
Date 04/14/11	Payee name ACE HARDWARE	
Amount (\$) 14.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5400 ALAMEDA AVE EL PASO, TX 79905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
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2011 MAY -5 PM 4:21

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/15/11	5 Payee name HOME DEPOT	
6 Amount (\$) 18.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11360 ROJAS DR EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
Date 04/15/11	Payee name CIRCLE K STORE	
Amount (\$) 20.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7800 GATEWAY EAST EL PASO, TX 79915	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) GASOLINE
Date 04/16/11	Payee name CIRCLE K STORE	
Amount (\$) 38.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 ZARAGOZA EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) GASOLINE
Date 04/16/11	Payee name HOME DEPOT	
Amount (\$) 38.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12221 MONTWOOD EL PASO, TEXAS 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
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CITY CLERK DEPT.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/21/11	5 Payee name CIRCLE K STORE
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6 Amount (\$) 26.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 ZARAGOZA EL PASO, TX 79936
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) GASOLINE
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Date 04/22/11	Payee name CIRCLE K STORE
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Amount (\$) 50.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7800 GATEWAY EAST EL PASO, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) GASOLINE
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Date 04/22/11	Payee name HOME DEPOT
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Amount (\$) 81.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 ROJAS DR EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
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Date 04/25/11	Payee name HOME DEPOT
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Amount (\$) 25.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 ROJAS DR EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME MICHEL R NOE		3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/26/11	5 Payee name CIRCLE K STORE	
6 Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 ZARAGOZA EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) GASOLINE
Date 04/27/11	Payee name CIRCLE K STORE	
Amount (\$) 70.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 ZARAGOZA EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) GASOLINE
Date 04/27/11	Payee name HOME DEPOT	
Amount (\$) 56.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12221 MONTWOOD EL PASO, TEXAS 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
Date 04/27/11	Payee name HOME DEPOT	
Amount (\$) 16.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 ROJAS EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/01/11	5 Payee name SAM'S CLUB	
6 Amount (\$) 213.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11360 PELLICANO DR EL PASO, TX 79936	
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) VOLUNTEERS WATER/FOOD
Date 05/04/11	Payee name ELECTION MALL TECHNOLOGIES	
Amount (\$) 395.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1101 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) ELECTION SOFTWARE
Date 05/04/11	Payee name SAM'S CLUB	
Amount (\$) 132.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 PELLICANO DR EL PASO, TX 79936	
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) VOLUNTEERS WATER/FOOD
Date 05/04/11	Payee name JAMIE NEITO	
Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1208 MYRTLE EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLLER
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/04/11	5 Payee name ELEUCADIO MENTRE
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6 Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1208 MYRTLE EL PASO, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLLING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POLLER
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Date 05/04/11	Payee name ROGER ALFARO
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Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5317 VICEROY EL PASO, TX 79924
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLLER
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Date 05/04/11	Payee name MARCO GODINEZ
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Amount (\$) 40.00 <input checked="" 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) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLLER
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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)
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