

CANDIDATE / OFFICEHOLDER REPORT MARK DEPT. **FORM C/OH**
SUPPORT & TOTALS **COVER SHEET PG 2**

2011 APR 14 PM 1:25

15 C/OH NAME **MICHIEL R NOE** 16 ACCOUNT # (Ethics Commission Filers)

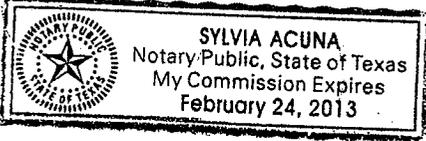
17 NOTICE FROM POLITICAL COMMITTEE(S)

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

| | | |
|-------------------------|---|--------------|
| 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) | \$ 12,275.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 9,891.73 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,383.27 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 6,000.00 |

19 AFFIDAVIT



City of El Paso
State of Texas

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.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michiel B. Noe, this the 14 day of April, 2011, to certify which, witness my hand and seal of office.

Sylvia Acuna

Signature of officer administering oath

Sylvia Acuna

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 1:25

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 7 | |
| 2 FILER NAME MICHEL R NOE | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 02/08/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALLY A STEFFEN 6 Contributor address; City; State; Zip Code 712 WALTHAM CT EL PASO, TX 79922 | 7 Amount of contribution (\$) 300.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) CHIEF EXECUTIVE OFFICER | | 10 Employer (See Instructions) TENET HEALTHCARE | |
| Date 02/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNNIE T NOE Contributor address; City; State; Zip Code 4206 DAKOTA ODESSA, TX 79762 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED | |
| Date 03/04/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS LINAN Contributor address; City; State; Zip Code 2400 TRAWOOD, STE 304 EL PASO, TX 79936 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/04/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALMA D SANCHEZ Contributor address; City; State; Zip Code 2809 GILBERTO AVILA EL PASO, TX 79936 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/04/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX BUSTAMANTE Contributor address; City; State; Zip Code 10120 BUCKWOOD EL PASO, TX 79925 | Amount of contribution (\$) 50.00 | 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
CITY CLERK DEPT. SCHEDULE A

2011 APR 14 PM 1:25

| | | | |
|---|--|--|--|
| 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 03/04/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAN ENGELS 6 Contributor address; City; State; Zip Code 2219 KING JAMES PLACE EL PASO, TX 79903 | 7 Amount of contribution (\$) 50.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/04/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRMA ESTRADA Contributor address; City; State; Zip Code 9424 LOCKERBIE EL PASO, TX 79925 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/04/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICARDO RIVAS Contributor address; City; State; Zip Code 11225 WARBONNET EL PASO, TX 79936 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/04/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA RENTERIA Contributor address; City; State; Zip Code 9824 LILLY DR EL PASO, TX 79927 | Amount of contribution (\$) 350.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) RECEPTIONIST | | Employer (See Instructions) SUN CITY WOMEN'S HEALTHCARE | |
| Date 03/04/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAGDISH PATEL Contributor address; City; State; Zip Code 6408 CALLE ROJA WAY EL PASO, TX 79912 | Amount of contribution (\$) 750.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) PHYSICIAN | | Employer (See Instructions) SELF-EMPLOYED | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A

2011 APR 14 PM 1:25

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME MICHEL R NOE | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 03/04/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL V DANIELS 6 Contributor address; City; State; Zip Code 1100 N STANTON, STE 500 EL PASO, TX 79902 | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) ARCHITECT | | 10 Employer (See Instructions) SELF-EMPLOYED | |
| Date 03/09/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIGNESH PATEL Contributor address; City; State; Zip Code 1108 CALLE PARQUE DR EL PASO, TX 79912 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) PHYSICIAN | | Employer (See Instructions) SELF-EMPLOYED | |
| Date 03/09/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAZIN A KHATEEB Contributor address; City; State; Zip Code 3235 TRAWOOD DR EL PASO, TX 79936 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) PHYSICIAN | | Employer (See Instructions) SELF-EMPLOYED | |
| Date 03/10/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAM HALLAK Contributor address; City; State; Zip Code 6569 ISLA DEL REY DR EL PASO, TX 79912 | Amount of contribution (\$) 300.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) PHYSICIAN | | Employer (See Instructions) SELF-EMPLOYED | |
| Date 03/10/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EUNICE WITTIE Contributor address; City; State; Zip Code 1432 INGLEWOOD STEPHENVILLE, TX 76401 | Amount of contribution (\$) 125.00 | 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
2011 APR 14 PM 1:25

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 03/21/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE C WAYNE 6 Contributor address; City; State; Zip Code 5539 EL PASO DR EL PASO, TX 79905 | 7 Amount of contribution (\$) 150.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGDALENA MELCHOR-PONCE Contributor address; City; State; Zip Code 4226 N STANTON EL PASO, TX 79902 | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEMENT MARCUS Contributor address; City; State; Zip Code 824 DULCINEA CT EL PASO, TX 79922 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT S AYOUB Contributor address; City; State; Zip Code 624 COEUR DALENE DR EL PASO, TX 79922 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YVONNE S JOHNSON Contributor address; City; State; Zip Code 2829 FILLMORE AVE EL PASO, TX 79930 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A
2011 APR 14 PM 1:25

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|---|---|---|--|
| 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 03/28/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT A WALKER | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1011 KELLY WAY EL PASO, TX 79932 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEYER MARCUS | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 6500 MONTANA AVE EL PASO, TX 79925 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS GOMEZ | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 11420 FRED MARTI EL PASO, TX 79936 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT KOBREN | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1212 CERRITO BELLO EL PASO, TX 79912 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) LAUTERBACH FINANCIAL GROUP | |
| Date 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE LAUTERBACH | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 712 YORKSHIRE CT EL PASO, TX 79922 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) LAUTERBACH FINANCIAL GROUP | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
2011 APR 14 PM 1:25

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 03/28/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E.N. CARRASCO 6 Contributor address; City; State; Zip Code 2301 BERT YANCEY DR EL PASO, TX 79936 | 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 03/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD ROTWEIN Contributor address; City; State; Zip Code 712 LA MANCHA CT EL PASO, TX 79922 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/31/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNNIE T NOE Contributor address; City; State; Zip Code 4206 DAKOTA ODESSA, TX 79762 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED | |
| Date 03/31/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDAL OLEARY Contributor address; City; State; Zip Code 7910 GATEWAY EAST EL PASO, TX 79915 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/04/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SYLVIA T STUCKEY Contributor address; City; State; Zip Code 8612 GROVER DR EL PASO, TX 79925 | Amount of contribution (\$) 300.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS :
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. **SCHEDULE A**

2011 APR 14 PM 1:25

| | | | |
|---|---|---|---|
| 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 04/04/11 | 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 (\$) 5,400.00 | 8 In-kind contribution description (if applicable) OFFICE RENT |
| 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.

LOANS

CITY CLERK DEPT.
2011 APR 14 PM 1:26

SCHEDULE E

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 1 |
| 2 FILER NAME MICHIEL R NOE | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | \$ 6,000.00 |
| 5 Date of loan 01/28/2011 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHIEL R NOE | 9 Loan Amount (\$) 1,000.00 |
| 6 Is lender a financial Institution? Y <input checked="" 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 checked="" type="checkbox"/> not applicable | 16 Name of guarantor 17 Guarantor address; City; State; Zip Code 1440 GEORGE DIETER, STE A EL PASO TX 79936 | 18 Amount Guaranteed (\$) |
| 19 Principal Occupation (See Instructions) | | 20 Employer (See Instructions) |
| Date of loan 03/09/2011 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHIEL R NOE | Loan Amount (\$) 5,000.00 |
| Is lender a financial Institution? Y <input checked="" 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 checked="" type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code 1440 GEORGE DIETER, STE A EL PASO TX 79936 | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 1:26

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.

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| 1 Total pages Schedule F: 4 | 2 FILER NAME MICHEL R NOE | 3 ACCOUNT # (Ethics Commission Filers) |
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|-----------------------------|--|
| 4 Date 02/09/2011 | 5 Payee name HARLAND CLARKE AMERICAN |
|-----------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) 122.93 | 7 Payee address; City; State; Zip Code 10931 LAUREATE DR SAN ANTONIO, TX 78249 |
|--------------------------------|--|

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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) CHECKS AND DEPOSIT SLIPS |
|---------------------------------|--|---|

| | | | |
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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 02/25/2011 | Payee name ANDREA PADILLA |
|--------------------|------------------------------|

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|----------------------|---|
| Amount (\$) 32.08 | Payee address; City; State; Zip Code 2220 SEA SIDE EL PASO, TX 79936 |
|----------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) SALARIES/WAGES | 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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|--------------------|-------------------------------------|
| Date 03/03/2011 | Payee name LA TERRAZA RESTAURANT |
|--------------------|-------------------------------------|

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| Amount (\$) 762.97 | Payee address; City; State; Zip Code 11250 MONTWOOD EL PASO, TEXAS 79936 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FUNDRAISER EXPENSE | Description (If travel outside of Texas, complete Schedule T) FUNDRAISER EVENT |
|------------------------|--|---|

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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 03/09/2011 | Payee name DAVID'S PENNANTS |
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| | |
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| Amount (\$) 784.82 | Payee address; City; State; Zip Code 9911 CARNEGIE EL PASO, TEXAS 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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 1:26

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) |
| 4 Date 03/10/2011 | 5 Payee name THE CITY OF EL PASO | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code 2 CIVIC CENTER PLAZA EL PASO, TX 79901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FEES | (b) Description (If travel outside of Texas, complete Schedule T) FILING FEES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/16/2011 | Payee name H & H DINERO TREE, INC | |
| Amount (\$) 1,559.24 | 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 03/16/2011 | Payee name PATE APPLEBY, LLP | |
| Amount (\$) 619.00 | Payee address; City; State; Zip Code 1011 MONTANA EL PASO TX 79902 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING EXPENSE | Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/16/2011 | Payee name ALICE ROSAS | |
| Amount (\$) 1,000.00 | 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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 1:26

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 MICHIEL R NOE | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 03/24/2011 | 5 Payee name UNITED STATES TREASURY | |
| 6 Amount (\$) 4.52 | 7 Payee address; City; State; Zip Code 1500 PENNSYLVANIA AVE NW WASHINGTON, D.C. 20220 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) SALARIES/WAGES | (b) Description (If travel outside of Texas, complete Schedule T) PAYROLL TAXES |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/25/2011 | Payee name DAVID'S PENNANTS | |
| Amount (\$) 1,244.88 | Payee address; City; State; Zip Code 9911 CARNEGIE 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) CAMPAIGN SIGNS |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/25/2011 | Payee name A.U.S. SERVICES, INC. | |
| Amount (\$) 393.99 | Payee address; City; State; Zip Code 2020 MILLS AVE EL PASO, TEXAS 79901 | |
| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/31/2011 | Payee name AT & T | |
| Amount (\$) 147.26 | Payee address; City; State; Zip Code P.O. BOX 1809 PARAMUS, NJ 07653 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OFFICE EXPENSE | Description (If travel outside of Texas, complete Schedule T) CELL PHONE SERVICE |
| Complete ONLY 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 APR 14 PM 1:26

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.

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| 1 Total pages Schedule F: | 2 FILER NAME MICHIEL R NOE | 3 ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|--------------------------------------|---|

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|-----------------------------|---------------------------------------|
| 4 Date 04/01/2011 | 5 Payee name LAURA MARTINEZ |
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|--------------------------------|---|
| 6 Amount (\$) 150.00 | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

SCHEDULE G

2011 APR 14 PM 1:26

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.

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| 1 Total pages Schedule G: 6 | 2 FILER NAME MICHEL R NOE | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|-------------------------------------|---|

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|-----------------------------|--|
| 4 Date 01/30/2011 | 5 Payee name ISMAEL LOZADA PHOTOGRAPHY |
|-----------------------------|--|

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|--|---|
| 6 Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1533 N. LEE TREVINO, STE 207 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) PHOTOS |
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|--------------------|--|
| Date 02/11/2011 | Payee name EL PASO COUNTY ELECTION DEPARTMENT |
|--------------------|--|

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|---|--|
| Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 500 E. SAN ANTONIO, SUITE L115 EL PASO, TX 79901 |
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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) VOTER LIST |
|------------------------|---|---|

| | |
|--------------------|-------------------------------|
| Date 02/12/2011 | Payee name BEST BUY STORES |
|--------------------|-------------------------------|

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|--|--|
| Amount (\$) 431.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1834 JOE BATTLE BLVD EL PASO, TX 79936 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OFFICE EXPENSE | Description (If travel outside of Texas, complete Schedule T) COMPUTER |
|------------------------|--|---|

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|--------------------|---------------------------------|
| Date 02/23/2011 | Payee name A & A PHOTOGRAPHY |
|--------------------|---------------------------------|

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|--|---|
| Amount (\$) 725.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1111 HAWKINS, SUITE 5-A 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) PHOTOS |
|------------------------|---|---|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

SCHEDULE G

2011 APR 14 PM 1:26

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 02/24/2011 | 5 Payee name LA TERRAZA RESTAURANT | |
| 6 Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 11250 MONTWOOD EL PASO, TEXAS 79936 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) EVENT EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) BANQUET ROOM DEPOSIT |
| Date 03/03/2011 | Payee name ELECTION MALL TECHNOLOGIES | |
| Amount (\$) 790.00 <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 03/18/2011 | Payee name LOWE'S HOME CENTERS, INC | |
| Amount (\$) 56.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 11950 ROJAS DR 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) SIGN SUPPLIES |
| Date 03/20/2011 | Payee name THE HOME DEPOT | |
| Amount (\$) 57.42 <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) SIGN SUPPLIES |

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

SCHEDULE G

2011 APR 14 PM 1:26

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 03/23/2011 | 5 Payee name MURPHY USA 6909 | |
| 6 Amount (\$) 31.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 10655 GATEWAY BLVD EL PASO, TX 79935 | |
| 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 03/23/2011 | Payee name THE HOME DEPOT | |
| Amount (\$) 31.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 11360 ROJAS DR 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) SIGN SUPPLIES |
| Date 03/24/2011 | Payee name THE HOME DEPOT | |
| Amount (\$) 40.43 <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) SIGN SUPPLIES |
| Date 03/24/2011 | Payee name THE HOME DEPOT | |
| Amount (\$) 5.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 11360 ROJAS DR 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) SIGN SUPPLIES |

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
2011 APR 14 PM 1:26

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.

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|----------------------------------|--------------------------------------|---|
| 1 Total pages Schedule G: | 2 FILER NAME MICHIEL R NOE | 3 ACCOUNT # (Ethics Commission Filers) |
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| 4 Date 03/25/2011 | 5 Payee name THE HOME DEPOT |
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| 6 Amount (\$) 5.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 11360 ROJAS DR EL PASO, TEXAS 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) SIGN SUPPLIES |
|---------------------------------|---|--|

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|--------------------|------------------------------|
| Date 03/26/2011 | Payee name THE HOME DEPOT |
|--------------------|------------------------------|

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|---|---|
| Amount (\$) 32.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 12221 MONTWOOD EL PASO, TEXAS 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) SIGN SUPPLIES |
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| Date 03/26/2011 | Payee name MURPHY USA 6909 |
|--------------------|-------------------------------|

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| Amount (\$) 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 10655 GATEWAY BLVD 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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|--------------------|------------------------------|
| Date 03/27/2011 | Payee name THE HOME DEPOT |
|--------------------|------------------------------|

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|---|---|
| Amount (\$) 16.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 12221 MONTWOOD EL PASO, TEXAS 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) SIGN SUPPLIES |
|------------------------|---|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

SCHEDULE G

2011 APR 14 PM 1:26

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 03/29/2011 | 5 Payee name VALERO STORE 1374 | |
| 6 Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7960 GATEWAY BLVD EL PASO, TEXAS 79925 | |
| 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 03/29/2011 | Payee name THE HOME DEPOT | |
| Amount (\$) 25.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 11360 ROJAS DR 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) SIGN SUPPLIES |
| Date 03/30/2011 | Payee name THE HOME DEPOT | |
| Amount (\$) 12.63 <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) SIGN SUPPLIES |
| Date 03/31/2011 | Payee name THE HOME DEPOT | |
| Amount (\$) 46.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 11360 ROJAS DR 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) SIGN SUPPLIES |

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
2011 APR 14 PM 1:26

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.

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| 1 Total pages Schedule G: | 2 FILER NAME MICHIEL R NOE | 3 ACCOUNT # (Ethics Commission Filers) |
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|-----------------------------|--|
| 4 Date 04/01/2011 | 5 Payee name VALERO STORE 1374 |
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| 6 Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7960 GATEWAY BLVD EL PASO, TEXAS 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) GASOLINE |
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|--------------------|------------------------------|
| Date 04/02/2011 | Payee name THE HOME DEPOT |
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| Amount (\$) 182.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 12221 MONTWOOD EL PASO, TEXAS 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) SIGN SUPPLIES |
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|--------------------|----------------------------|
| Date 04/04/2011 | Payee name OFFICE DEPOT |
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|---|---|
| Amount (\$) 73.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1838 JOE BATTLE BLVD 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) SIGN SUPPLIES |
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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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