

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR MICHIEL R ----- NICKNAME LAST SUFFIX NOE	OFFICE USE ONLY Date Received <div style="text-align: right; font-weight: bold;">2011 JUN -2 PM 2:20</div> CITY CLERK DEPT. Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1440 GEORGE DIETER, STE A EL PASO TX 79936		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 591-4444		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR RONALD E ----- NICKNAME LAST SUFFIX PATE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1011 MONTANA EL PASO TX 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 532-8000		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 05 / 2011 06 / 01 / 2011		
11 ELECTION	ELECTION DATE Month Day Year 06 / 11 / 2011	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CITY REPRESENTATIVE DISTRICT 5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

CITY CLERK DEPT.
2011 JUN -2 PM 2:06

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

15 C/OH NAME MICHIEL R NOE	16 ACCOUNT # (Ethics Commission Filers)
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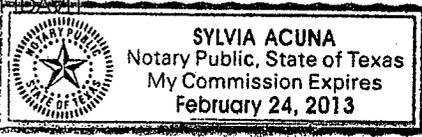
17 NOTICE FROM POLITICAL COMMITTEE(S)

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)	\$ 11,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,488.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,159.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,500.00

19 AFFIDAVIT



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

[Handwritten Signature]

Signature of Candidate or Officeholder

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

Sworn to and subscribed before me, by the said Michiel R. Noe, this the 2 day of June, 20 11, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Sylvia Acuna
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2011 JUN -2 PM 2:20

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/10/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT FOSTER	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6080 SURETY DR, STE 300 EL PASO, TX 79905		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) LAND DEVELOPER		10 Employer (See Instructions) SOUTHWEST LAND DEVELOPMENT	
Date 05/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUGLAS SCHWARTZ	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 13611 EL PASO, TX 79913		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) LAND DEVELOPER		Employer (See Instructions) SOUTHWEST LAND DEVELOPMENT	
Date 05/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EP MUNI POLICE OFFICERS PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 747 E SAN ANTONIO EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS E LINAN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12081 PASEO DE AMOR EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF-EMPLOYED	
Date 05/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD RUBIN	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 538 LAUREL CANYON 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	
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 JUN -2 PM 2:20

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 05/23/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD KEMP	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4648 CAPLES CIRCLE EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAYLE COOK	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3005 KILKENNY RD EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF-EMPLOYED	
Date 05/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDAL OLEARY	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7910 GATEWAY EAST EL PASO, TX 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) DESERT VIEW HOMES	
Date 05/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY L OLEARY	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3329 TIERRA ALMA LN EL PASO, TX 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DIRECTOR OF CONSTRUCTION		Employer (See Instructions) DESERT VIEW HOMES	
Date 05/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALLY STEFFEN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 712 WALTHAM CT EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SIERRA PROVIDENCE EAST HOSPITAL	
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 JUN -2 PM 2:20

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 05/26/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE WAYNE 6 Contributor address; City; State; Zip Code 5539 EL PASO DR EL PASO, TX 79905	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) PARTNER		10 Employer (See Instructions) MELCAN LTD	
Date 05/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMANDO LOPEZ Contributor address; City; State; Zip Code 9353 VISCOUNT BLVD EL PASO, TX 79925	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TWANA BRISTOW Contributor address; City; State; Zip Code 6432 TARASCAS 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 05/26/11	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 05/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.F. CARDENAS Contributor address; City; State; Zip Code 6105 CAMINO ALEGRE EL PASO, TX 79912	Amount of contribution (\$) 250.00	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 JUN -2 PM 2:20

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 05/26/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT SCHWARTZ 6 Contributor address; City; State; Zip Code 619 CAMINO REAL EL PASO, TX 79922	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) LAND DEVELOPER		10 Employer (See Instructions) THE MESA GROUP	
Date 05/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EP ASSOC OF BUILDERS BUILD PAC Contributor address; City; State; Zip Code 6046 SURETY DRIVE EL PASO, TX 79905	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/31/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELCAN LTD Contributor address; City; State; Zip Code 5595 WESTSIDE DR EL PASO, TX 79932	Amount of contribution (\$) 1,500.00	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 JUN -2 PM 2:20 **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: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ \$ **0.00**

5 Date of loan: **05/13/11** 9 Loan Amount (\$):
2,500.00

7 Name of lender: **MICHIEL R NOE** out-of-state PAC (ID#: _____)
 8 Lender address; City; State; Zip Code: **1440 GEORGE DIETER, STE A EL PASO TX 79936**
 6 Is lender a financial institution? **Y** **N** 10 Interest rate
11 Maturity date

12 Principal occupation / Job title (See Instructions): **PHYSICIAN** 13 Employer (See Instructions):
SELF-EMPLOYED

14 Description of Collateral: none

15 GUARANTOR INFORMATION: not applicable 18 Amount Guaranteed (\$)
 16 Name of guarantor: _____
 17 Guarantor address; City; State; Zip Code: _____

19 Principal Occupation (See instructions): _____ 20 Employer (See Instructions):

Date of loan: **05/20/11** Loan Amount (\$):
5,000.00

Name of lender: **MICHIEL R NOE** out-of-state PAC (ID#: _____)
 Lender address; City; State; Zip Code: **1440 GEORGE DIETER, STE A EL PASO TX 79936**
 Is lender a financial institution? **Y** **N** Interest rate
Maturity date

Principal occupation / Job title (See Instructions): **PHYSICIAN** Employer (See Instructions):
SELF-EMPLOYED

Description of Collateral: none

GUARANTOR INFORMATION: not applicable Amount Guaranteed (\$)
 Name of guarantor: _____
 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.

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 2:21

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: 4	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/07/11	5 Payee name LAURA MARTINEZ
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6 Amount (\$) 380.00	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 05/11/11	Payee name H & H DINERO TREE
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Amount (\$) 1,412.28	Payee address; City; State; Zip Code 9020 MAYFLOWER AVE 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) MAILING 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 05/11/11	Payee name TOVAR PRINTING
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Amount (\$) 971.00	Payee address; City; State; Zip Code 645 WALLENBERG A-1 EL PASO, TX 79912
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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) MAILOUT
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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 05/06/11	Payee name AT & T
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Amount (\$) 129.67	Payee address; City; State; Zip Code P.O. BOX 1809 PARAMUS, NJ 07653
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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) TELEPHONE SERVICE
------------------------	--------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

2011 JUN -2 PM 2: 21

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)	
4 Date 05/13/11		5 Payee name LOPEZ ADVERTISING			
6 Amount (\$) 1,939.35		7 Payee address; City; State; Zip Code 11169 LA QUINTA 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) ADVERTISING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/13/11		Payee name EL PASO PRO SPORTSWEAR			
Amount (\$) 142.89		Payee address; City; State; Zip Code 2117 MONTANA AVE EL PASO, TX 79903			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/20/11		Payee name TOVAR PRINTING			
Amount (\$) 545.00		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/17/11		Payee name LAURA MARTINEZ			
Amount (\$) 360.00		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CITY CLERK DEPT.

POLITICAL EXPENDITURES

2011 JUN -2 PM 2:21 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 MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/20/11	5 Payee name H & H DINERO TREE	
6 Amount (\$) 777.91	7 Payee address; City; State; Zip Code 9020 MAYFLOWER AVE EL PASO, TX 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) MAILING SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/20/11	Payee name LOPEZ ADVERTISING	
Amount (\$) 3,868.59	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 05/26/11	Payee name H & H DINERO TREE	
Amount (\$) 843.99	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 05/29/11	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CITY CLERK DEPT.

POLITICAL EXPENDITURES

2011 JUN -2 PM 2:21 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 MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/31/11	5 Payee name BANK OF THE WEST	
6 Amount (\$) 2.50	7 Payee address; City; State; Zip Code 500 N. MESA	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ACCOUNTING	(b) Description (If travel outside of Texas, complete Schedule T) BANK SERVICE CHARGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

2011 JUN -2 PM 2:21

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: 12	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/05/11	5 Payee name CIRCLE K STORE	
6 Amount (\$) 27.00 <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 05/05/11	Payee name WALMART STORES	
Amount (\$) 69.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1850 N ZARAGOZA 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) VOLUNTEER SUPPLIES
Date 05/05/11	Payee name CIRCLE K STORE	
Amount (\$) 10.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1500 GEORGE DIETER 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 05/05/11	Payee name CIRCLE K STORE	
Amount (\$) 50.74 <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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
2011 JUN -2 PM 2:21

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)
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4 Date 05/05/11	5 Payee name HOME DEPOT
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6 Amount (\$) 13.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 12221 MONTWOOD 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) CAMPAIGN SIGNS
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Date 05/06/11	Payee name LOWE'S HOME CENTERS, INC
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Amount (\$) 124.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12100 MONTANA AVE EL PASO, TX 79938
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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) VOLUNTEER SUPPLIES
------------------------	---------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

Date 05/06/11	Payee name CIRCLE K STORE
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Amount (\$) 15.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 ZARAGOZA 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 05/06/11	Payee name CIRCLE K STORE
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Amount (\$) 31.35 <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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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
2011 JUN -2 PM 2:21

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)
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4 Date 05/06/11	5 Payee name EDUARDO AMADOR
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6 Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2880 GRANT EL PASO, TX 79930
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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 05/06/11	Payee name QUINTON JOHNSON
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Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1850 N ZARAGOZA EL PASO, TX 79936
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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 05/06/11	Payee name CRISTINA ROSALES
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Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1221 S GLENWOOD, APT G EL PASO, TX 79905
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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 05/06/11	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 1208 MYRTLE EL PASO, TX 79901
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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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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

SCHEDULE G

2011 JUN -2 PM 2:21

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 05/06/11	5 Payee name ELEUCADIO MENTRE	
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	
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
Date 05/06/11	Payee name ROGER ALFARO	
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5317 VICEROY EL PASO, TX 79924	
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
Date 05/06/11	Payee name HIRAM HERNANDEZ	
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
Date 05/07/11	Payee name CIRCLE K STORE	
Amount (\$) 10.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7800 GATEWAY BLVD 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
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

2011 JUN -2 PM 2: 21

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 05/07/11	5 Payee name CIRCLE K STORE	
6 Amount (\$) 55.94 <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 05/07/11	Payee name SAM'S CLUB	
Amount (\$) 116.62 <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) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) VOLUNTEER SUPPLIES
Date 05/07/11	Payee name ALBERTSON'S	
Amount (\$) 88.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11320 MONTWOOD 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) VOLUNTEER SUPPLIES
Date 05/07/11	Payee name ELEUCADIO MENTRE	
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**

2011 JUN -2 PM 2:21

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)
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4 Date 05/07/11	5 Payee name MARCO GODINEZ
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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 05/07/11	Payee name HIRAM HERNANDEZ
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Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1208 MYRTLE EL PASO, TX 79901
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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 05/07/11	Payee name ROGER ALFARO
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Amount (\$) 50.00 <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 05/10/11	Payee name CIRCLE K STORE
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Amount (\$) 38.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 ZARAGOZA 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**

CITY CLERK DEPT.

2011 JUN -2 PM 2: 21

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 05/10/11		5 Payee name CRISTINA ROSALES			
6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1221 S GLENWOOD, APT G EL PASO, TX 79905			
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	
Date 05/10/11		Payee name ROGER ALFARO			
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5317 VICEROY EL PASO, TX 79924			
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	
Date 05/10/11		Payee name HIRAM HERNANDEZ			
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	
Date 05/10/11		Payee name ELEUCADIO MENTRE			
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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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)
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4 Date 05/10/11	5 Payee name ROGER ALFARO
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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 05/13/11	Payee name DOLLAR TREE STORES
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Amount (\$) 34.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11240 MONTWOOD DR EL PASO, TX 79936
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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) ELECTION PARTY SUPPLIES
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Date 05/13/11	Payee name SAM'S CLUB
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Amount (\$) 335.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 ROJAS DR EL PASO, TEXAS 79936
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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) ELECTION PARTY SUPPLIES
------------------------	-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

Date 05/13/11	Payee name THE HOME DEPOT
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Amount (\$) 48.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 ROJAS DR 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) CAMPAIGN SIGNS
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

2011 JUN -2 PM 2:21

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 05/14/11		5 Payee name CIRCLE K STORES			
6 Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 11701 MONTWOOD 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 05/14/11		Payee name 7-11 STORES			
Amount (\$) 10.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 11995 GATEWAY WEST 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 05/14/11		Payee name GIL'S MEXICAN RESTAURANT			
Amount (\$) 308.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1881 SAUL KLEINFELD EL PASO, TX 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) ELECTION PARTY FOOD	
Date 05/14/11		Payee name FUNTIME RENTALS			
Amount (\$) 129.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3593 RED SAILS EL PASO, TX 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) ELECTION PARTY SUPPLIES	
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<p>POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</p>	<p>CITY CLERK DEPT. 2011 JUN -2 PM 2:21</p>
<p>SCHEDULE G</p>	

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 05/14/11	5 Payee name WESTERN BEVERAGES
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6 Amount (\$) 28.12	7 Payee address; City; State; Zip Code 1640 LEE TREVINO EL PASO, TX 79936
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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) ELECTION PARTY SUPPLIES
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Date 05/17/11	Payee name CIRCLE K STORE
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Amount (\$) 50.00	Payee address; City; State; Zip Code 7800 GATEWAY BLVD EL PASO, TX 79915
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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 05/18/11	Payee name LOWE'S HOME CENTERS, INC
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Amount (\$) 6.22	Payee address; City; State; Zip Code 12100 MONTANA AVE EL PASO, TX 79938
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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 05/19/11	Payee name CIRCLE K STORE
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Amount (\$) 20.00	Payee address; City; State; Zip Code 7800 GATEWAY BLVD EL PASO, TX 79915
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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**

CITY CLERK DEPT.
2011 JUN -2 PM 2:21

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)
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4 Date 05/20/11	5 Payee name VALERO STORE
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6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 230 S AMERICAS AVE EL PASO, TX 79907
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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 05/21/11	Payee name CIRCLE K STORE
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Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 ZARAGOZA 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 05/23/11	Payee name CIRCLE K STORE
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Amount (\$) 40.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7800 GATEWAY BLVD 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 05/25/11	Payee name CIRCLE K STORE
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Amount (\$) 30.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7800 GATEWAY BLVD 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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JUN -2 PM 2:21

**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 05/26/11	5 Payee name CIRCLE K STORE	
6 Amount (\$) 50.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2297 N ZARAGOZA EL PASO, TX 79938	
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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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