

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME **MICHEL R NOE**

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
2011 JUL 14 PM 2:27

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 190.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 9,755.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 18,749.58

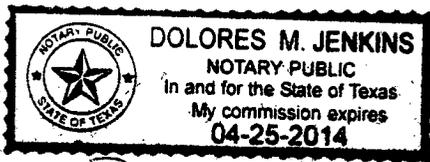
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,991.63

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 14th day of July, 20 11, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Dolores M. Jenkins
Printed name of officer administering oath

[Handwritten Signature]
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 JUL 14 PM 2:27

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME MICHEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/02/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTORIA IRENE LUNA	7 Amount of contribution (\$) 10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3513 TIERRA ANGEL EL PASO, TX 79938		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EUNICE WITTIE	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1432 INGLEWOOD STEPHENVILLE, TX 76401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 06/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEN OKADA	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11109 LEO COLLINS EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions) EL PASO ANESTHESIOLOGY	
Date 06/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUN CITY PROPERTIES, LLC	Amount of contribution (\$) 1,800.00	In-kind contribution description (if applicable) OFFICE RENT
Contributor address; City; State; Zip Code 1950 PASEO ARENA PL EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EL PASO MUNICIPAL POLICE PAC	Amount of contribution (\$) 5,000.00	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)	

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 JUL 14 PM 2:27

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 06/8/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. FERNANDO RODRIGUEZ 6 Contributor address; City; State; Zip Code 1386 LOMA VERDE DR EL PASO, TX 79936	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) DIRECTOR OF CRIMINAL JUSTICE		10 Employer (See Instructions) UNIVERSITY OF TEXAS AT EL PASO	
Date 06/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARMEN PEREZ Contributor address; City; State; Zip Code 221 N KANSAS, STE 1400 EL PASO, TX 79901	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LINEBARGER GOGGAN BLAIR	
Date 06/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHILO MADRID Contributor address; City; State; Zip Code 1111 BARRANCA, STE 800 EL PASO, TX 79935	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ALIVIANE, INC	
Date 06/09/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBEN E GUERRA Contributor address; City; State; Zip Code 5848 DIAMOND POINT EL PASO, TX 12	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INVESTMENT ADVISOR		Employer (See Instructions) GUERRA INVESTMENT ADVISORS	
Date 06/09/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH CONTRERAS Contributor address; City; State; Zip Code 6044 GATEWAY EAST EL PASO, TX 79905	Amount of contribution (\$) 220.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF-EMPLOYED	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A

2011 JUL 16 PM 2:27

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 06/20/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENRIQUE ORONA 6 Contributor address; City; State; Zip Code 11913 PASEO BONITO WAY 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 06/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EL PASO COUNTY MEDICAL SOCIETY PAC Contributor address; City; State; Zip Code 1301 MONTANA AVE EL PASO, TX 79902	Amount of contribution (\$) 850.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)	
Date 06/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID PALAFOX Contributor address; City; State; Zip Code 2 WILLIAMSBURG DR EL PASO, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) EL PASO HEALTH PLAN	
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)	

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POLITICAL EXPENDITURES

CITY CLERK DEPT. SCHEDULE F

2011 JUL 14 PM 2:27

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/02/11	5 Payee name AT & T
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6 Amount (\$) 131.29	7 Payee address; City; State; Zip Code P.O. BOX 1809 PARAMUS, NJ 07653
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CELL PHONE SERVICE
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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 06/02/11	Payee name PATE AND APPLEBY, LLP
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Amount (\$) 2,576.00	Payee address; City; State; Zip Code 1011 MONTANA AVE EL PASO, TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING	Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/03/11	Payee name LAURA MARTINEZ
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Amount (\$) 700.00	Payee address; City; State; Zip Code 670 NORTH CAROLINA EL PASO, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SERVICES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/04/11	Payee name LOPEZ ADVERTISING
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Amount (\$) -784.82	Payee address; City; State; Zip Code 11169 LA QUINTA PL EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) REFUND OF DUPLICATE INVOICE
------------------------	---	--

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

POLITICAL EXPENDITURES

CITY CLERK DEPT. **SCHEDULE F**

2011 JUL 14 PM 2:27

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/07/11	5 Payee name H & H DINERO TREE, INC
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6 Amount (\$) 843.99	7 Payee address; City; State; Zip Code 9020 MAYFLOWER AVE EL PASO, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) MAILING 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 06/07/11	Payee name TOVAR PRINTING
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Amount (\$) 1,012.00	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 06/10/11	Payee name LOPEZ ADVERTISING
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Amount (\$) 2,040.00	Payee address; City; State; Zip Code 11169 LA QUINTA PL EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/17/11	Payee name COSMOS SOCCER CLUB
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 9301 MONT MADRE EL PASO, TX 79907
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/DONATION	Description (If travel outside of Texas, complete Schedule T) DONATION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT. SCHEDULE F
2011 JUL 14 PM 2:27

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 06/21/11	5 Payee name LAURA MARTINEZ	
6 Amount (\$) 1,260.00	7 Payee address; City; State; Zip Code 670 NORTH CAROLINA EL PASO, TX 79915	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 06/24/11	Payee name PATE AND APPLEBY, LLP	
Amount (\$) 2,713.00	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	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 06/24/11	Payee name LOPEZ ADVERTISING	
Amount (\$) 4,536.83	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	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. SCHEDULE G
2011 JUL 14 PM 2:27

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: 10	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/02/11	5 Payee name DOLLAR TREE STORE
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6 Amount (\$) 37.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11240 MONTWOOD DR EL PASO, TX 79936
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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) EVENT SUPPLIES
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Date 06/02/11	Payee name LOWE'S BIG 8 STORE
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Amount (\$) 12.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1840 LEE TREVINO 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) ICE FOR POLLERS
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Date 06/02/11	Payee name CIRCLE K STORE
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Amount (\$) 30.49 <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 06/02/11	Payee name CIRCLE K STORE
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Amount (\$) 50.00 <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. SCHEDULE G
2011 JUL 14 PM 2:28

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 06/02/11	5 Payee name CIRCLE K STORE
--------------------	--------------------------------

6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 ZARAGOZA EL PASO, TX 79936
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) GASOLINE
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Date 06/02/11	Payee name 7-11 STORE
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Amount (\$) 5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3020 N. LEE TREVINO 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 06/02/11	Payee name 7-11 STORE
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Amount (\$) 2.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2955 GEORGE DIETER 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) ICE FOR POLLERS
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Date 06/02/11	Payee name TACO BELL
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Amount (\$) 14.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1500 N LEE TREVINO 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) FOOD FOR POLLERS
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. **SCHEDULE G**
2011 JUL 14 PM 2:28

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 06/03/11		5 Payee name CRISTINA ROSALES			
6 Amount (\$) 200.00 <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 06/03/11		Payee name JERRY MARQUEZ			
Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3321 ITASCA EL PASO, TX 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) POLLER	
Date 06/03/11		Payee name JAIME MUNETON			
Amount (\$) 180.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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) POLLING EXPENSE		Description (If travel outside of Texas, complete Schedule T) POLLER	
Date 06/03/11		Payee name LOWE'S BIG 8 STORE			
Amount (\$) 8.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1840 LEE TREVINO EL PASO, TX 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) ICE/SNACKS FOR POLLERS	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
2011 JUL 14 PM 2:28

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 06/03/11	5 Payee name PETER PIPER PIZZA
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6 Amount (\$) 14.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1840 LEE TREVINO EL PASO, TX 79936
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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) FOOD FOR POLLERS
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Date 06/03/11	Payee name CIRCLE K STORE
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Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11390 MONTWOOD 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 06/04/11	Payee name FAMOUS DAVE'S
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Amount (\$) 78.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1360 GEORGE DIETER 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) FOOD FOR POLLERS
------------------------	---	---

Date 06/04/11	Payee name ELECTION MALL TECHNOLOGIES
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Amount (\$) 395.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1101 PENNSYLVANIA AVE NW WASHINGTON, DC 20004
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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) ELECTION SOFTWARE
------------------------	--	--

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. SCHEDULE G
2011 JUL 14 PM 2:28

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 06/05/11	5 Payee name WALMART STORE	
6 Amount (\$) 92.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1850 N ZARAGOZA EL PASO, TX 79936	
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) WATER, ICE, SNACKS FOR POLLERS
Date 06/06/11	Payee name ALBERTSONS	
Amount (\$) 56.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11320 MONTWOOD DR EL PASO, TX 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) UMBRELLA STAND
Date 06/06/11	Payee name KMART STORE	
Amount (\$) 44.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11330 MONTWOOD DR EL PASO, TX 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) UMBRELLA STAND
Date 06/06/11	Payee name CIRCLE K STORE	
Amount (\$) 61.78 <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 JUL 14 PM 2:28

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 06/06/11	5 Payee name SAM'S CLUB
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6 Amount (\$) 186.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11360 PELLICANO DR EL PASO, TX 79936
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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
---------------------------------	---	--

Date 06/07/11	Payee name PETER PIPER PIZZA
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Amount (\$) 73.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1840 LEE TREVINO 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) FOOD FOR POLLERS
------------------------	---	---

Date 06/08/11	Payee name COUNTY ELECTIONS DEPARTMENT
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Amount (\$) 5.00 <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) DISTRICT 5 VOTER LIST CD
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Date 06/08/11	Payee name CIRCLE K STORE
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Amount (\$) 68.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11096 PEBBLE HILLS 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. SCHEDULE G

2011 JUL 14 PM 2:28

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 06/09/11	5 Payee name SUNNY'S RESTAURANT
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6 Amount (\$) 36.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8838 VISCOUNT, SUITE A EL PASO, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MEETING
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Date 06/09/11	Payee name DOLLAR TREE STORES
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Amount (\$) 75.44 <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 06/10/11	Payee name SAM'S CLUB
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Amount (\$) 220.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 PELLICANO DR EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) ELECTION PARTY SUPPLIES
------------------------	---	--

Date 06/10/11	Payee name THE HOME DEPOT
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Amount (\$) 19.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 PELLICANO DR EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. **SCHEDULE G**

2011 JUL 14 PM 2:28

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 06/11/11	5 Payee name DELICIOUS MEXICAN EATERY
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6 Amount (\$) 25.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11335 MONTWOOD EL PASO, TX 79936
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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 FOOD
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Date 06/11/11	Payee name CIRCLE K STORE
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Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1500 GEORGE DIETER 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 06/11/11	Payee name BUDDY'S HOME FURNISHINGS
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Amount (\$) 34.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8825 NORTH LOOP, SUITE 120 EL PASO, TX 79907
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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 TV RENTAL
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Date 06/11/11	Payee name FUNTIME RENTALS
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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
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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 RENTALS
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**POLITICAL EXPENDITURES
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CITY CLERK DEPT. **SCHEDULE G**

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule G:	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 06/11/11	5 Payee name CIRCLE K STORE	
6 Amount (\$) 10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1500 GEORGE DIETER 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 06/13/11	Payee name CRISTINA ROSALES	
Amount (\$) 120.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1221 S GLENWOOD APT G EL PASO, TX 79905	
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 06/13/11	Payee name JERRY MARQUEZ	
Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3321 ITASCA EL PASO, TX 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) POLLER
Date 06/13/11	Payee name CIRCLE K STORE	
Amount (\$) 30.00 <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
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CITY CLERK DEPT.
2011 JUL 14 PM 2:28

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/15/11	5 Payee name JAIME MUNETON
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6 Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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) POLLING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POLLER
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Date 06/15/11	Payee name RUBY MUNETON
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Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 670 NORTH CAROLINA EL PASO, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLLER
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Date 06/15/11	Payee name LUIS GONZALEZ
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Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 670 NORTH CAROLINA EL PASO, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLLER
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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