

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

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18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,920.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 10,559.05
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,742.14
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,500.00

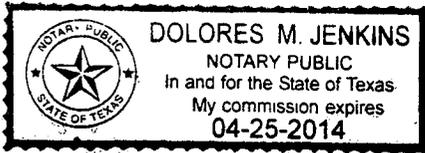
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

**CITY OF EL PASO
STATE OF TEXAS**



AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michiel R. Noe, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Dolores M. Jenkins
Printed name of officer administering oath

Notary
Title of officer administering oath

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME MICHEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT L BOWLING	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4655 COHEN AVE EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) BUILDER		10 Employer (See Instructions) TROPICANA HOMES	
Date 07/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HECTOR GUTIERREZ JR	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1035 CALLE FLOR PL EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELEN ROBLES	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3336 FILLMORE AVE EL PASO, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSANA DORADO	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 EL PARQUE DR EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARMEN OLIVAS GRAHAM	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1142 STONEWAY DR EL PASO, TX 79925		(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**

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SCHEDULE A

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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 07/15/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAM Z. FRANK	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 801 RIVER OAKS DR EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PRESIDENT		10 Employer (See Instructions) RIVER OAKS PROPERTIES	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEAN R JOSEHP-VANDERPOOL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 105 CALLE COLINA EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRECILIANO ORTEGA JR	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7505 LOCKHEED ST EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) INVESTMENT ADVISOR		Employer (See Instructions) SELF-EMPLOYED	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES STUCKEY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8612 GROVER DR EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) VICE-PRESIDENT		Employer (See Instructions) JJS COMMUNICATIONS	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE C WAYNE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5539 EL PASO DR EL PASO, TX 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) MELCAN LTD	

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

CITY CLERK DEPT.

SCHEDULE A

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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 07/15/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELCAN LTD 6 Contributor address; City; State; Zip Code 5595 WESTSIDE DR EL PASO, TX 79932	7 Amount of contribution (\$) 750.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID M AUSTIN Contributor address; City; State; Zip Code 5745 MIRA GRANDE DR EL PASO, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS AGUILAR III Contributor address; City; State; Zip Code 3430 DOUGLAS AVE EL PASO, TX 79903	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) AGUILAR & ASSOCIATES			
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAN ENGELS Contributor address; City; State; Zip Code 2219 KING JAMES PLACE EL PASO, TX 79903	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICARDO RIVAS Contributor address; City; State; Zip Code 11225 WARBONNET EL PASO, TX 79936	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
SCHEDULE A
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/15/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA ZAVALA 6 Contributor address; City; State; Zip Code 1332 CORA BELL PL EL PASO, TX 79936	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT FOSTER Contributor address; City; State; Zip Code 6080 SURETY DR, STE 300 EL PASO, TX 79905	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) LAND DEVELOPER		Employer (See Instructions) SOUTHWEST LAND DEVELOPMENT	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RABA-KISTNER PAC Contributor address; City; State; Zip Code PO BOX 690287 SAN ANTONIO, TX 78269	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EL PASO SHERIFF'S OFFICERS PAC Contributor address; City; State; Zip Code 747 E. SAN ANTONIO, 103 EL PASO, TX 79901	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUGLAS SCHWARTZ Contributor address; City; State; Zip Code PO BOX 13611 EL PASO, TX 79913	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) LAND DEVELOPER		Employer (See Instructions) SOUTHWEST LAND DEVELOPMENT	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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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 07/15/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMUEL SHALLENBERGER 6 Contributor address; City; State; Zip Code 8300 CIELO VISTA DR EL PASO, TX 79925	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN CHANEY Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY BOWLING Contributor address; City; State; Zip Code 5533 WOODFIELD DR EL PASO, TX 79932	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUILDER		Employer (See Instructions) TROPICANA HOMES	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUILD PAC OF EL PASO Contributor address; City; State; Zip Code 6046 SURETY DRIVE EL PASO, TX 79905	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT BOWLING IV Contributor address; City; State; Zip Code 457 SAN CLEMENTE EL PASO, TX 79912	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUILDER		Employer (See Instructions) TROPICANA HOMES	

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**POLITICAL CONTRIBUTIONS
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 CITY CLERK DEPT. **SCHEDULE A**
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/20/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIO CESAR VIRAMONTES	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 9777 EL PASO, TX 79995		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) INTERNATIONAL GARMET	
Date 07/20/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMON BUSTILLOS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 417 EXECUTIVE BLVD EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CIVIL ENGINEER		Employer (See Instructions) BROCK & BUSTILLOS	
Date 07/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIONICIO ALVAREZ	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11025 DON JANUARY EL PASO, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF-EMPLOYED	
Date 07/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODY HUNT	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 12220 EL PASO, TX 79913		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HUNT COMPANIES	
Date 08/03/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS URREA	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1700 MURCHISON, STE C EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

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 08/03/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK WALKER 6 Contributor address; City; State; Zip Code 749 LOS MIRADORES DR EL PASO, TX 79912	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 08/03/11	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 79912	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INVESTMENT ADVISOR		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) GUERRA INVESTMENT ADVISORS			
Date 08/03/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM D SANDERS Contributor address; City; State; Zip Code PO BOX 677 EL PASO, TX 79944	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 08/03/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYRNA DECKERT Contributor address; City; State; Zip Code 4276 CANTERBERRY EL PASO, TX 79902	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 08/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUIE SALAZAR Contributor address; City; State; Zip Code 3431 FORT BLVD EL PASO, TX 79930	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
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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 08/26/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE VARGAS JR	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2117 JONWOOD EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES E PAUL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 762 VIA LANZA EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON LUCIANO	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1400 TEXAS AVE EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX ASSOCIATION OF REALTORS PAC	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 2246 AUSTIN, TX 78768		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07/14/11	5 Payee name LANDRY'S SEAFOOD HOUSE
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6 Amount (\$) 945.54	7 Payee address; City; State; Zip Code 6801 GATEWAY WEST EL PASO, TX 79925
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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) FUNDRAISER EVENT
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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 07/22/11	Payee name PATE AND APPLEBY, LLP
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Amount (\$) 1,762.00	Payee address; City; State; Zip Code 1011 MONTANA EL PASO, TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/26/11	Payee name AT & T
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Amount (\$) 262.54	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) CELL PHONE SERVICE
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/05/11	Payee name AT & T
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Amount (\$) 169.74	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) CELL PHONE 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 EXPENDITURESCITY CLERK DEPT. **SCHEDULE F**

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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)

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 09/06/11	5 Payee name LOPEZ ADVERTISING	
6 Amount (\$) 4,926.73	7 Payee address; City; State; Zip Code 11169 LA QUINTA PLACE 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/06/11	Payee name PATE AND APPLEBY, LLP	
Amount (\$) 1,081.00	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 EXPENSE	Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/06/11	Payee name TOVAR PRINTING	
Amount (\$) 1,092.50	Payee address; City; State; Zip Code 645 WALLENBERG DR, STE 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) ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/12/11	Payee name PATE AND APPLEBY, LLP	
Amount (\$) 169.00	Payee address; City; State; Zip Code 1011 MONTANA	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2012 JAN 17 PM 1:05

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)
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4 Date 12/21/11	5 Payee name PATE AND APPLEBY, LLP
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 1011 MONTANA
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ACCOUNTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <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
MADE FROM PERSONAL FUNDS**
CITY CLERK DEPT. SCHEDULE G
2012 JAN 17 PM 1:05
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: 1	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/05/11	5 Payee name SAM'S CLUB	
6 Amount (\$) 176.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11360 PELLICANO DR EL PASO, TEXAS 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) FUNDRAISER POSTAGE
Date 07/07/11	Payee name OFFICE DEPOT	
Amount (\$) 66.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1313 GEORGE DIETER #B EL PASO, TEXAS 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES
Date 07/07/11	Payee name MICHAEL'S STORE	
Amount (\$) 208.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1313 GEORGE DIETER #B EL PASO, TEXAS 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) FRAMED NEWSPAPER ARTICLE
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED