

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MICHIEL	MI R
	NICKNAME	LAST NOE	SUFFIX
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: (915) PHONE NUMBER: 591-4444 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST RONALD	MI E
	NICKNAME	LAST PATE	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1011 MONTANA AVE EL PASO, TX 79902		
	8 CAMPAIGN TREASURER PHONE AREA CODE: (915) PHONE NUMBER: 532-8000 EXTENSION:		
9 REPORT TYPE			
<input checked="" 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 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 07 / 01 / 2013 12 / 31 / 2013			
11 ELECTION		ELECTION TYPE	
ELECTION DATE Month / Day / Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) CITY REPRESENTATIVE			
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			

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

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 2014 JAN 15 PM 2:08

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

18 CONTRIBUTION TOTALS

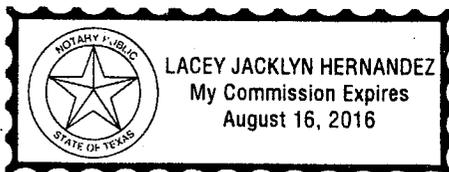
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 43,000.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 2,134.92
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 29,644.98
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19. AFFIDAVIT



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 MICHEL R NOE, this the 15TH day of JANUARY, 20 14, to certify which, witness my hand and seal of office.

[Signature]

 Signature of officer administering oath

LACEY J. HERNANDEZ

 Printed name of officer administering oath

Title of officer administering oath

2:09
DEPT.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">12</p>	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/09/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIO VIRAMONTES 6 Contributor address; City; State; Zip Code 12651 MONTANA AVE EL PASO, TX 79938	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PRESIDENT		10 Employer (See Instructions) INT'L GARMENT PROCESSING	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT F FOSTER Contributor address; City; State; Zip Code 513 THUNDER CREST EL PASO, TX 79912	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) ROBERT FOSTER INC	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT F FOSTER Contributor address; City; State; Zip Code 513 THUNDER CREST EL PASO, TX 79912	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) ROBERT FOSTER INC	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE FOX Contributor address; City; State; Zip Code 1122 AIRWAY BLVD EL PASO, TX 79925	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER/PARTNER		Employer (See Instructions) HOY FOX AUTOMOTIVE	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD ZAMORA Contributor address; City; State; Zip Code 2238 ESTATE GATE DR SAN ANTONIO, TX	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) ZAMORA LAW FIRM	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/07/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD GOODMAN	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 117 EL PASO, TX 79941		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) GENERAL AGENT		10 Employer (See Instructions) JOHN HANCOCK LIFE INSURANCE	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J ROBERT BROWN	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 123 W MILLS, STE 610 EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) BROWNCO CAPITAL	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L FREDERICK FRANCIS	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 NORTH MESA EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) WESTSTAR BANK	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK T CHAPMAN	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 221 N KANSAS, STE 1910 EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) KEMP SMITH	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM D SANDERS	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 E MAIN EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) STRATEGIC MANAGEMENT PARTNERS	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/07/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PABLO SANDERS	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 E MAIN EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) DIRECTOR OF OPERATIONS		10 Employer (See Instructions) STRATEGIC MANAGEMENT PARTNERS	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUART SCHWARTZ	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 619 CAMINO REAL EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SCOTT HULSE LAW FIRM	
Date 10/07/13	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) CEO		Employer (See Instructions) SOUTHWEST LAND DEVELOPMENT	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT BOWLING IV	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 457 SAN CLEMENTE EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) TROPICANA HOMES	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHER FEINBERG	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1133 E BALTIMORE DR EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions) MORGAN STANLEY	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/07/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RACHEL HARRACKSINGH 6 Contributor address; City; State; Zip Code 10633 VISTA ALEGRE DR EL PASO, TX 79935	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) PRESIDENT		10 Employer (See Instructions) LIFE AMBULANCE	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL BURTON, JR Contributor address; City; State; Zip Code 720 WALTHAM COURT EL PASO, TX 79922	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MITHOFF BURTON PARTNERS	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYRNA J DECKERT Contributor address; City; State; Zip Code 4276 CANTERBURY DR EL PASO, TX 79902	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) PRESIDENT/CEO		Employer (See Instructions) PASO DEL NORTE HEALTH FOUNDATION	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENARD U JOHNSON Contributor address; City; State; Zip Code 1381 DIAMOND GATE EL PASO, TX 79936	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) METI	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANE B GADDY Contributor address; City; State; Zip Code 1800 N STANTON, #807 EL PASO, TX 79902	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) W SILVER RECYCLING	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/07/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT H HOY, JR 6 Contributor address; City; State; Zip Code 201 VILLA SERENA CT EL PASO, TX 79922	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) OWNER/PARTNER		10 Employer (See Instructions) HOY FOX AUTOMOTIVE	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STANLEY P JOBE Contributor address; City; State; Zip Code 1150 SOUTHVIEW DR EL PASO, TX 79928	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) JOBE MATERIALS	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD CASTRO Contributor address; City; State; Zip Code 3332 WEDGEWOOD EL PASO, TX 79925	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) CASTRO ENTERPRISES	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAM Z FRANK Contributor address; City; State; Zip Code 801 RIVER OAKS DR EL PASO, TX 79912	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RIVER OAKS PROPERTIES	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT WINGO Contributor address; City; State; Zip Code 1021 LOS JARDINES CIR EL PASO, TX 79912	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SANDERS, WINGO	

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/07/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEYER MARCUS 6 Contributor address; City; State; Zip Code 6500 MONTANA AVE EL PASO, TX 79925	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) CHAIRMAN		10 Employer (See Instructions) MIMCO	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM JOHNSON Contributor address; City; State; Zip Code 4836 PORTSMOUTH EL PASO, TX 79922	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) GORDON DAVIS JOHNSON SHANE PC	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARITA ESCUDERO Contributor address; City; State; Zip Code 34 GOODWIN LANE EL PASO, TX 79902	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD RUBIN Contributor address; City; State; Zip Code 538 LAUREL CANYON EL PASO, TX 79912	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) HELEN OF TROY	
Date 10/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA MARIE BILBE Contributor address; City; State; Zip Code 415 NORTH MESA EL PASO, TX 79901	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) STEWART TITLE	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSHUA HUNT 6 Contributor address; City; State; Zip Code 1101 E BALTIMORE EL PASO, TX 79902	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) EXECUTIVE VICE PRESIDENT		10 Employer (See Instructions) HUNT COMPANIES, INC	
Date 10/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODY HUNT Contributor address; City; State; Zip Code PO BOX 12220 EL PASO, TX 79913	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) HUNT COMPANIES, INC	
Date 10/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA TERAN Contributor address; City; State; Zip Code 4804 VILLA ENCANTO EL PASO, TX 79922	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SIERRA MACHINERY	
Date 10/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELMA R CARRETO Contributor address; City; State; Zip Code 601 S MESA HILLS, #827 EL PASO, TX 79912	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) GENERAL MANAGER		Employer (See Instructions) THE BROKER COMPANY	
Date 10/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENT D HARRIS Contributor address; City; State; Zip Code 4909 OLMOS ST EL PASO, TX 79922	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) INDUSTRIAL REALTY GROUP	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT WEAVER	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 123 W MILLS, STE 600 EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CFO		10 Employer (See Instructions) WESTERN REFINING	
Date 10/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF STEVENS	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6515 E CHENEY DR PARADISE VALLEY, AZ		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) WESTERN REFINING	
Date 10/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL FOSTER	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 123 W MILLS, STE 200 EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) WESTERN REFINING	
Date 10/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. A. CARDWELL	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6080 SURETY DR EL PASO, TX 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) C & R DISTRIBUTING	
Date 10/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD HAHN	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2244 TRAWOOD, STE 100 EL PASO, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) ROCKY MOUNTAIN MORTGAGE	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/22/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND PALACIOS 6 Contributor address; City; State; Zip Code 637 WILLOW GLEN 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) OWNER		10 Employer (See Instructions) BRAVO CHEVROLET	
Date 10/24/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HECTOR GUTIERREZ Contributor address; City; State; Zip Code 1035 CALLE FLOR PL EL PASO, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS WILSON Contributor address; City; State; Zip Code 708 SEVILLE RD DENTON, TX 76205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OWNER/INVESTOR		Employer (See Instructions) WILSON INVESTMENT PROPERTIES	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IKE MONTY Contributor address; City; State; Zip Code 7400 VISCOUNT, STE 109 EL PASO, TX 79925	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) INVESTMENT BUILDERS INC	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIMBERLY ISAAC SMITH Contributor address; City; State; Zip Code 405 SHARONDALE EL PASO, TX 79912	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SEEKING INFORMATION		Employer (See Instructions) SEEKING INFORMATION	

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMANDO OLVERA 6 Contributor address; City; State; Zip Code 3217 ISLA COCOA LN EL PASO, TX 79925	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 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE L LOPEZ Contributor address; City; State; Zip Code 2008 PUEBLO NUEVO EL PASO, TX 79936	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LOPEZ MARKETING GROUP	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELANIE WAYNE Contributor address; City; State; Zip Code 5595 WESTSIDE DR EL PASO, TX 79932	Amount of contribution (\$) 1,450.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) MELCAN LTD	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE WAYNE Contributor address; City; State; Zip Code 5539 EL PASO DR EL PASO, TX 79905	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) MELCAN LTD	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN FIELDS Contributor address; City; State; Zip Code 6385 FRANKLIN TRAIL EL PASO, TX 79912	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) WASTE CONNECTIONS	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EL PASO ASSOC OF FIRE FIGHTERS PAC	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3112 FORNEY EL PASO, TX 79935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PAC		10 Employer (See Instructions) PAC	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY BOWLING	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5533 WOODFIELD DR EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) TROPICANA HOMES	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDALL BOWLING	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4655 COHEN AVE EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) TROPICANA HOMES	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE DIPP	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 55 EL PASO, TX 79940		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) PLAZA PROPERTIES	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUILD PAC OF EL PASO	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6046 SURETY DR EL PASO, TX 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) PAC	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSE GUTIERREZ	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 221 N. KANSAS, STE 1400 EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) LINEBARGER GOGGAN BLAIR	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED LOYA	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12001 PASEO DE ORO EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) FRED LOYA INSURANCE COMPANY	
Date 10/04/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD & HETTI HOUGHTON	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) FOOD/BEVERAGE
Contributor address; City; State; Zip Code 9908 Eastridge EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) HOUGHTON FINANCIAL PARTNERS	
Date 10/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L FREDERICK FRANCIS	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable) POSTAGE/MAILER
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) EXECUTIVE CHAIRMAN		Employer (See Instructions) WESTSTAR BANK	
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

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		2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/06/13		5 Payee name PATE AND APPLEBY, LLP			
6 Amount (\$) 244.00		7 Payee address; City; State; Zip Code 1011 MONTANA AVE EL PASO, TX 79902			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING		(b) Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/08/13		Payee name WESTSTAR BANK			
Amount (\$) 6.00		Payee address; City; State; Zip Code 500 N. MESA EL PASO, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING		Description (If travel outside of Texas, complete Schedule T) BANK SERVICE CHARGE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/24/13		Payee name LANDRY'S SEAFOOD HOUSE			
Amount (\$) 350.74		Payee address; City; State; Zip Code 6801 GATEWAY WEST EL PASO, TX 79925			
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) FUNDRAISER EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/13		Payee name PATE AND APPLEBY, LLP			
Amount (\$) 1,444.00		Payee address; City; State; Zip Code 1011 MONTANA AVE EL PASO, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING		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	
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/27/13	5 Payee name MICHIEL R NOE
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6 Amount (\$) 10,700.62	7 Payee address; City; State; Zip Code 1440 GEORGE DIETER, STE A EL PASO, TX 79936
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description (If travel outside of Texas, complete Schedule T) EXPENDITURES - PERSONAL FUNDS
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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 12/27/13	Payee name MICHIEL R NOE
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Amount (\$) 23,500.00	Payee address; City; State; Zip Code 1440 GEORGE DIETER, STE A EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT	Description (If travel outside of Texas, complete Schedule T) REPAY LOAN FROM PERSONAL FUNDS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/11/13	5 Payee name OFFICE DEPOT	
6 Amount (\$) 80.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1313 GEORGE DIETER #B EL PASO, TX 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) INVITATION & SUPPLIES
Date 10/24/13	Payee name LANDRY'S SEAFOOD HOUSE	
Amount (\$) 9.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6801 GATEWAY WEST EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) FOOD & BEVERAGE FOR EVENT
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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