

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR MICHIEL R <hr/> NICKNAME LAST SUFFIX NOE	OFFICE USE ONLY Date Received 4/9/2015 10:42:25 AM Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1440 GEORGE DIETER, SUITE A, EL PASO, TX 79936		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 591-4444		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR RONALD E <hr/> NICKNAME LAST SUFFIX PATE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1011 MONTANA AVE, EL PASO, TEXAS 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 532-8000		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2015 03/30/2015		
11 ELECTION	ELECTION DATE Month Day Year 05/09/2015	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY REPRESENTATIVE, DIST	13 OFFICE SOUGHT (if known) CITY REPRESENTATIVE, DISTRICT 5	

City Clerk Dept.
4/9/2015 11:57:41 AM

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11205.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26978.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 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.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Terry Anaya, this the 9 day of April, 20 15, to certify which, witness my hand and seal of office.

Dolores Jenkins

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
4/9/2015 11:57:41 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4

2 FILER NAME
MICHEL R NOE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01/06/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
ROBERT HOY, JR

6 Contributor address; City; State; Zip Code
201 VILLA SERENA CT, EL PASO, TX 79922

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
PARTNER/OWNER

10 Employer (See Instructions)
HOY FOX AUTOMOTIVE

Date

03/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
STEVEN E ANDERSON

Contributor address; City; State; Zip Code
1533 N LEE TREVINO, STE 205, EL PASO, TX 79936

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
ANDERSON ANDERSON BRIGHT & CROUT

Date

03/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
LUIS H URREA II

Contributor address; City; State; Zip Code
5009 VISTA DEL MONTE ST, EL PASO, TX 79922

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
PHYSICIAN

Employer (See Instructions)
EP ORTHOPEDIC SURGERY GROUP

Date

03/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
KURT R GROSS

Contributor address; City; State; Zip Code
436 KINGSWOOD DR, EL PASO, TX 79932

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
DAN W OLIVAS

Contributor address; City; State; Zip Code
240 THUNDERBIRD SUITE D, EL PASO, TX 79912

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(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.

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4/9/2015 11:57:41 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4

2 FILER NAME
MICHIEL R NOE

3 ACCOUNT # (Ethics Commission Filers)

4 Date
03/23/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
BRIAN P KENNEDY

6 Contributor address; City; State; Zip Code
5015 MONTOYA, EL PASO, TX 79922

7 Amount of contribution (\$)
500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
CEO

10 Employer (See Instructions)
EL PASO SPORTS COMMISSION

Date
03/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
TARA LEE MONTAGNINO

Contributor address; City; State; Zip Code
5941 VIA CUESTA DR, EL PASO, TX 79912

Amount of contribution (\$)
50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
RUBEN SCHAEFFER

Contributor address; City; State; Zip Code
5707 CAPROCK, EL PASO, TX 79912

Amount of contribution (\$)
100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
RAYMOND ADAUTO

Contributor address; City; State; Zip Code
3331 MOREHEAD, EL PASO, TX 79930

Amount of contribution (\$)
100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/23/2015

Full name of contributor 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 (\$)
1000

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

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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:
4

2 FILER NAME
MICHEL R NOE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/25/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
DEAN J INNISS
6 Contributor address; City; State; Zip Code
7345 LUZ DE VILLA CT, EL PASO, TX 79912

7 Amount of contribution (\$)

1000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
COO

10 Employer (See Instructions)
ROCKY MOUNTAIN MORTGAGE

Date

03/25/2015

Full name of contributor out-of-state PAC (ID#: _____)
RONALD D COSTA
Contributor address; City; State; Zip Code
1376 EMERALD GATE LN, EL PASO, TX 79936

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
PRESIDENT

Employer (See Instructions)
ZIA HOMES

Date

03/25/2015

Full name of contributor out-of-state PAC (ID#: _____)
HAROLD W HAHN
Contributor address; City; State; Zip Code
2244 TRAWOOD SUITE 100, EL PASO, TX 79935

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
ROCKY MOUNTAIN MORTGAGE

Date

03/25/2015

Full name of contributor out-of-state PAC (ID#: _____)
STANLEY P JOBE
Contributor address; City; State; Zip Code
1150 SOUTHVIEW DR, EL PASO, TX 79928

Amount of contribution (\$)

2000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
JOBE MATERIALS

Date

03/30/2015

Full name of contributor 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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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4/9/2015 11:57:41 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4

2 FILER NAME
MICHIEL R NOE

3 ACCOUNT # (Ethics Commission Filers)

4 Date
03/30/2015

5 Full name of contributor 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 (\$)
250

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
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
GREGORY B BOWLING

Contributor address; City; State; Zip Code
5533 WOODFIELD, EL PASO, TX 79932

Amount of contribution (\$)
500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
VICE PRESIDENT

Employer (See Instructions)
TROPICANA HOMES

Date
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
ROBERT L BOWLING IV

Contributor address; City; State; Zip Code
457 SAN CLEMENTE, EL PASO, TX 79912

Amount of contribution (\$)
500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
PRESIDENT

Employer (See Instructions)
TROPICANA HOMES

Date
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
WOODY L HUNT

Contributor address; City; State; Zip Code
PO BOX 12220, EL PASO, TX 79913

Amount of contribution (\$)
1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
HUNT COMPANIES INC

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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4/9/2015 11:57:41 AM

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

MICHIEL R NOE

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(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.

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4/9/2015 11:57:41 AM

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

0

2 FILER NAME

MICHIEL R NOE

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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4/9/2015 11:57:41 AM

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 MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/19/2015	5 Payee name FORMA GROUP LLC	
6 Amount (\$) 3000	7 Payee address; City; State; Zip Code 310 N MESA, SUITE 401, EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN CONSULTING	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/11/2015	Candidate / Officeholder name PATE APPLEBY LLP	
Amount (\$) 611	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 SERVICES	Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2015	Candidate / Officeholder name ALICE ROSAS	
Amount (\$) 800	City; State; Zip Code 3615 NEHEMIAH, EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CONTRACT LABOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/17/2015	Candidate / Officeholder name FORMA GROUP, LLC	
Amount (\$) 4000	City; State; Zip Code 310 N MESA, SUITE 401, EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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4/9/2015 11:57:41 AM

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 MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/25/2015	5 Payee name JAIME ABEYTIA	
6 Amount (\$) 600	7 Payee address; City; State; Zip Code 8710 OLD COUNTRY RD APT 204, EL PASO, TX 79907	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(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 03/27/2015	Payee name TOVAR PRINTING	
Amount (\$) 1066.26	Payee address; City; State; Zip Code 1230 TEXAS AVE, EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PRINTING SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/20/2015	Payee name MICHEL R NOE	
Amount (\$) 1128.7	Payee address; City; State; Zip Code 1440 GEORGE DIETER SUITE A, EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER-CAMPAIGN EXPENSES	Description (If travel outside of Texas, complete Schedule T) EXPENSE REIMBURSEMENTS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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4/9/2015 11:57:41 AM

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME MICHIEL R NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/09/2015		5 Payee name CITY OF EL PASO			
6 Amount (\$) 250 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 300 N CAMPBELL, EL PASO, TX 79901			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ELECTION FEES		(b) Description (If travel outside of Texas, complete Schedule T) NAME ON BALLOT	
Date 03/09/2015		Payee name TEXAS DEMOCRATS			
Amount (\$) 575 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4818 E. BEN WHITE BLVD, AUSTIN, TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) ONLINE VOTER FILE LICENSE	
Date 03/14/2015		Payee name WALMART STORES			
Amount (\$) 76.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1850 N ZARAGOZA, EL PASO, TX 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE EXPENSE		Description (If travel outside of Texas, complete Schedule T) PURCHASE CELL PHONE	
Date 03/15/2015		Payee name TOVAR PRINTING			
Amount (\$) 199.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1230 TEXAS AVE, EL PASO, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PRINTING SERVICES	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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4/9/2015 11:57:41 AM

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date 03/19/2015	5 Payee name OFFICE DEPOT
------------------------------------	--

6 Amount (\$) 28.4	7 Payee address; City; State; Zip Code 1838 JOE BATTLE, EL PASO, TX 79936
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 0	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 0	2 FILER NAME MICHIEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
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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 (See instructions regarding type of information required.)
------------------------	--	--

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 (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

MICHEL R NOE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME
MICHEL R NOE

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME MR MICHEL R NOE	2 ACCOUNT # (Ethics Commission Filers)
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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