

The COH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Form)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MS	FIRST	MI
	MOON	Michael	J
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		OFFICE USE ONLY	
27 Rolling Stone Pl The Woodlands TX 77381		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE		Receipt #	
Area Code: (713) Phone Number: 851-3706 Extension:		Amount	
6 CAMPAIGN TREASURER NAME		Date Processed	
MR / MRS / MS		Date Imaged	
MOON			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			
27 Rolling Stone Pl The Woodlands TX 77381			
8 CAMPAIGN TREASURER PHONE			
Area Code: (713) Phone Number: 203-9402 Extension:			
9 REPORT TYPE			
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Recall <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
<input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Expanded 2008 term <input checked="" type="checkbox"/> Year report (check COH - FY)			
10 PERIOD COVERED			
Month Day Year THROUGH Month Day Year			
2 / 23 / 2010 THROUGH 5 / 18 / 2010			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Recall <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
5 / 18 / 2010			
12 OFFICE		13 OFFICE COUNTY # Name	
OFFICE HELD (if any)		The Woodlands	
N/A		Post # 2 Turn Hill	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			
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			
N/A			
Address / PO Box, Apt. / Suite #, City, State, Zip Code			
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

Revised 04/1/2010

05-10-10 A07:22 IN ROW
 Rec'd via email in
 an attachment

Demuth, Michael J

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 / OFFICHHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICHHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICHHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *0*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *0*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

19 AFFIDAVIT

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

Michael J Demuth
Signature of Candidate or OfficHHolder

AFTER NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Revised 04/21/2010

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in an attachment*

Complete only if "Report Type" on page 1 is marked "Final Report"

1 CANDIDATE NAME <i>Deareilly, Michael J</i>	2 ACCOUNT # (Ethics Commission Filed)
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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

Revised 04/1/2010

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The instructions inside explain how to complete this form.

1 Total pages Schedule T

2 FILER NAME

Dennedy Michael J

3 ACCOUNT # (If not Commission Filed)

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 CON-UC CON-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)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 06/21/2009

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