

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. Adam T. NICKNAME LAST SUFFIX Muery	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE # CITY; STATE; ZIP CODE 11 Legend Hollow CT The Woodlands TX 77382	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 447-6493	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Merissa J. NICKNAME LAST SUFFIX Muery	Receipt # Amount	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11 Legend Hollow Ct The Woodlands TX 77382	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 447-6493		
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 02 / 08 / 10 THROUGH 3 / 29 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 05 / 08 / 10	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) The Woodlands Township Board Pos. 3	
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 None Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

mailed 4/7/10 RDC
see attached

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Adam Muery 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. **

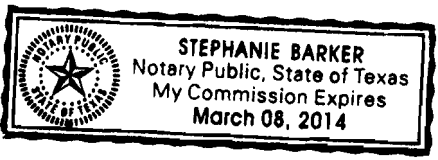
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>None</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,676.63</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Adam T. Muery
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adam T Muery, this the 7th day of April, 20 10, to certify which, witness my hand and seal of office.

Steph Barker Signature of officer administering oath
Stephanie Barker Printed name of officer administering oath
Notary Public Title of officer administering oath

*mailed 4/7/10 ROW
see attached*

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Adam Murry</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/9/2010</i>	5 Payee name <i>Super Cheap Signs</i> 6 Payee address; City; State; Zip Code <i>9804 Gray Blvd. Austin, TX 78758</i>	8 Amount (\$) <i>\$735.66</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Yard Signs</i> (If travel outside of Texas, complete Schedule T)		
Date <i>2/9/2010</i>	Payee name <i>Super Cheap Signs</i> Payee address; City; State; Zip Code <i>9804 Gray Blvd Austin, TX 78758</i>	Amount (\$) <i>\$694.65</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Yard Signs</i> (If travel outside of Texas, complete Schedule T)		
Date <i>2/10/2010</i>	Payee name <i>Overnight Prints</i> Payee address; City; State; Zip Code <i>P.O. Box 15390 Irvine, CA 92623</i>	Amount (\$) <i>\$701.96</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Post Cards</i> (If travel outside of Texas, complete Schedule T)		
Date <i>2/11/2010</i>	Payee name <i>Overnight Prints</i> Payee address; City; State; Zip Code <i>P.O. Box 15390 Irvine, CA 92623</i>	Amount (\$) <i>\$72.74</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Business Cards</i> (If travel outside of Texas, complete Schedule T)		
Date <i>2/11/2010</i>	Payee name <i>Overnight Prints</i> Payee address; City; State; Zip Code <i>P.O. Box 15390 Irvine, CA 92623</i>	Amount (\$) <i>\$72.74</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Business Cards</i> (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

*mailed 4/7/10 RRR
see attached*

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME *Adam Muery*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2/11/2010</i>	5 Payee name <i>Overnight Prints</i>	8 Amount (\$) <i>\$ 909.59</i>
	6 Payee address; City; State; Zip Code <i>P.O. Box 15390 Irvine, CA 92623</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Post Cards</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2/23/10</i>	Payee name <i>Link Magazine</i>	Amount (\$) <i>\$4,160</i>
	Payee address; City; State; Zip Code <i>435 Spring Hills Dr. Spring, TX 77386</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Direct Mail Card</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2/16/10</i>	Payee name <i>Embroid me</i>	Amount (\$) <i>\$ 3259.29</i>
	Payee address; City; State; Zip Code <i>19075 I-455, Sherman, TX 77385</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>T-Shirts</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

*mailed 4/17/10 RAC
see attached*

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 M MR Adam T. NICKNAME LAST SUFFIX Muery	OFFICE USE ONLY Date Received Date Hand-delivered or Date 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 11 Legend Hollow Ct. The Woodlands TX 77382		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 447-6493		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Melissa J. NICKNAME LAST SUFFIX Muery		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 11 Legend Hollow Ct The Woodlands, TX 77382		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 447-6493		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 6th 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 3 30 2010 4 30 2010		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special 05 08 2010		
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) The Woodlands Township Board Pos 3	
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 N/A Address / PO Box Apt. / Suite # City State Zip Code		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Adam Muery 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

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)	\$ 11,731 ⁴⁹ / _{xx}
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 25 ⁰⁰ / _{xx}
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,731 ⁴⁹ / _{xx}
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.

Adam T. Muery
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adam T. Muery, this the 30th day of April, 20 10, to certify which, witness my hand and seal of office.

Alison Lavino Alison Lavino Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

04-30-10 P04:36 IN Brad

**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 <i>Adam Muery</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/10/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Kevin Sapp</i>	7 Amount of contribution (\$) <i>\$1,000⁰⁰xx</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>34 East Ambaglow Circle The Woodlands, 77381</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>President</i>		10 Employer (See Instructions) <i>Industrial Action Services, Inc.</i>	
Date <i>4/15/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>William Fry</i>	Amount of contribution (\$) <i>\$2500⁰⁰xx</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>87W. Canyon View Cir. The Woodlands, TX 77389</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Senior Partner</i>		Employer (See Instructions) <i>Fry, Muery + Muery, P.C.</i>	
Date <i>4/15/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Nathan Calvert</i>	Amount of contribution (\$) <i>\$3080⁰⁰xx</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7 Legend Hollow Ct. The Woodlands, TX 77382</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Partner</i>		Employer (See Instructions) <i>Fry, Muery + Muery, P.C.</i>	
Date <i>3/31/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>German Blanco</i>	Amount of contribution (\$) <i>\$250⁰⁰xx</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5175 Parkstone Drive Chantilly, VA 20151</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Supervisory Special Agent</i>		Employer (See Instructions) <i>Drug Enforcement Administration</i>	
Date <i>3/31/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Luis Collazo</i>	Amount of contribution (\$) <i>\$200⁰⁰xx</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>460 Leissner School Rd. Seguin, TX 78155</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired Police Chief</i>		Employer (See Instructions) <i>Retired</i>	

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**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Adam Muery</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/9/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Fred Oahr</i>	7 Amount of contribution (\$) <i>\$100⁰⁰xx</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>712 Main St. Houston, TX 77002</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>4/30/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Adam Muery</i>	Amount of contribution (\$) <i>\$4601.49</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11 Legend Hollow The Woodlands TX 77382</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Senior Partner</i>		Employer (See Instructions) <i>Fry, Muery + Muery, P.C.</i>	
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)	
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)	
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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX B(a)

- | | | | |
|---------------------|-------------------------------|---------------------------------|--|
| Accounting Expense | Gift Awards/Memorials Expense | Services: Agency/Contract Labor | Loan Repayment/Reimbursement |
| Advertising Expense | Legal Services | Spiciation/Fundraising Expense | Transportation Equipment & Related Expense |
| Printing Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Travel Expense | Posting Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Other | 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 <i>Adam Murray</i>	3 ACCOUNT # (Ethics Commission Files)
4 Date <i>4/23/10</i>	5 Payee name <i>Facebook</i>	
6 Amount \$	7 Payee address City, State Zip Code	
<i>\$6.70</i>	<i>156 University Ave, Palo Alto, CA 94301-1605</i>	
8 PURPOSE OF EXPENDITURE	(a) Category <i>Advertising Expense</i>	(b) Description <i>Ad</i>
9 Candidate <input type="checkbox"/> Officeholder <input type="checkbox"/> Direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
	<i>Facebook</i>	
Amount \$	Payee address City, State Zip Code	
<i>\$39.28</i>	<i>156 University Ave, Palo Alto, CA 94301-1605</i>	
PURPOSE OF EXPENDITURE	Category <i>Advertising Expense</i>	Description <i>Ad</i>
Candidate <input type="checkbox"/> Officeholder <input type="checkbox"/> Direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/26/10</i>	Payee name	
	<i>Home Depot</i>	
Amount \$	Payee address City, State Zip Code	
<i>\$47.44</i>	<i>19103 E-45 S., Sherman, TX 77385</i>	
PURPOSE OF EXPENDITURE	Category <i>Other</i>	Description <i>T-Posts/Zip Ties</i>
Candidate <input type="checkbox"/> Officeholder <input type="checkbox"/> Direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/27/10</i>	Payee name	
	<i>Com Cast</i>	
Amount \$	Payee address City, State Zip Code	
<i>\$815.15</i>	<i>8590 W. Tidwell Rd, Houston, TX 77040</i>	
PURPOSE OF EXPENDITURE	Category <i>Advertising Expense</i>	Description <i>Air Time</i>
Candidate <input type="checkbox"/> Officeholder <input type="checkbox"/> Direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

04-30-10 P04:37 IN ROW

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Gift Awards/Memorials Expense	Business Stages/Contract Labor	Loan Repayment/Reimbursement
Legal Services	Education/Fundraising Expense	Transportation/Equipment & Related Expense
Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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	3 ACCOUNT # (Ethics Commission Filer)
4 Date 4/30/10	5 Payee name Facebook	
6 Amount \$ 80.00	7 Payee address City State Zip Code 156 University Ave, Palo Alto, CA 94301-1605	
8 PURPOSE OF EXPENDITURE	(a) Category - See categories and sub-categories on this schedule Advertising Expense	(b) Description - If travel outside of Texas, complete Schedule F Ad
9 Purpose - See instruction regarding benefit of On	Candidate / Officeholder name	Office sought Office held
Date 4/28/10	Payee name Facebook	
Amount \$ 37.23	Payee address City State Zip Code 156 University Ave, Palo Alto, CA 94301-1605	
PURPOSE OF EXPENDITURE	Category - See categories and sub-categories on this schedule Advertising Expense	Description - If travel outside of Texas, complete Schedule F Ad
Purpose - See instruction regarding benefit of On	Candidate / Officeholder name	Office sought Office held
Date 4/26/2010	Payee name Facebook	
Amount \$ 31.11	Payee address City State Zip Code 156 University Ave, Palo Alto, CA 94301-1605	
PURPOSE OF EXPENDITURE	Category - See categories and sub-categories on this schedule Advertising Expense	Description - If travel outside of Texas, complete Schedule F Ad
Purpose - See instruction regarding benefit of On	Candidate / Officeholder name	Office sought Office held
Date 4/26/2010	Payee name Pitney Bowes	
Amount \$ 60	Payee address City State Zip Code 1 Elmcroft Rd, Stamford, CT 06926-0700	
PURPOSE OF EXPENDITURE	Category - See categories and sub-categories on this schedule Other	Description - If travel outside of Texas, complete Schedule F Postage
Purpose - See instruction regarding benefit of On	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Adam Muery		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/14/2010		5 Payee name Facebook			
6 Amount (\$) \$38.50		7 Payee address: City: State: Zip Code 1516 University Ave, Palo Alto, CA 943011605			
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) Facebook Ads	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/13/2010		Payee name The Villager			
Amount (\$) \$1483⁰⁰/_{xx}		Payee address: City: State: Zip Code 11600 Lake Front Cir, Ste 190 The Woodlands TX 77380			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): Advertising Expense		Description (if travel outside of Texas, complete Schedule T) Insert	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/12/2010		Payee name The Villager			
Amount (\$) \$2000		Payee address: City: State: Zip Code 11600 Lake Front Cir, Ste 190 The Woodlands TX 77380			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): Advertising Expense		Description (if travel outside of Texas, complete Schedule T) Tab	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/6/2010		Payee name Com Cast			
Amount (\$) \$3221⁰⁰/_{xx}		Payee address: City: State: Zip Code 8590 W. Tidwell Rd. Houston, TX 77040			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): Advertising Expense		Description (if travel outside of Texas, complete Schedule T) Air Time	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Schedule F number	2 FILER NAME Adam Muey		3 ACCOUNT # (Ethics Commission Files)
4 Date 4/8/2010	5 Payee name Silver Rock Productions		
6 Amount \$ \$ 1515.50	7 Payee address City State Zip Code 27326 Robinson Rd, Ste 114, Oak Ridge North, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (see categories listed on the back of this form) Advertising Expense	(b) Description (if travel outside of Texas, complete schedule F) Commercial	
9 Candidate (SEE if direct expenditure to benefit C or O)	Candidate / Officeholder name	Office sought	Office held
Date 4/8/2010	Payee name Paul Lazzaro		
Amount \$ \$ 250.00	Payee address City State Zip Code 55 Aberdeen Crossing Place, The Woodlands, TX 77381		
PURPOSE OF EXPENDITURE	Category (see categories listed on the back of this form) Agency Commission	Description (if travel outside of Texas, complete schedule F) for Comcast	
Candidate (SEE if direct expenditure to benefit C or O)	Candidate / Officeholder name	Office sought	Office held
Date 4/6/2010	Payee name Dollar Tree		
Amount \$ \$ 62.63	Payee address City State Zip Code 501 Sandust Rd, Ste A., The Woodlands, TX 77380		
PURPOSE OF EXPENDITURE	Category (see categories listed on the back of this form) Other	Description (if travel outside of Texas, complete schedule F) Table Cloths/plates/cups/decorations	
Candidate (SEE if direct expenditure to benefit C or O)	Candidate / Officeholder name	Office sought	Office held
Date 4/2/2010	Payee name Paul Lazzaro		
Amount \$ \$ 780.00	Payee address City State Zip Code 55 Aberdeen Crossing Place, The Woodlands, TX 77381		
PURPOSE OF EXPENDITURE	Category (see categories listed on the back of this form) Consulting Expense	Description (if travel outside of Texas, complete schedule F) T.V. Ad Tab design	
Candidate (SEE if direct expenditure to benefit C or O)	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Ballot Printing Expense
- Banking Expense
- Charitable Expense
- Gift Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Printing Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Subscription/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation/Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officer/Member/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>Adam Muey</i>	3 ACCOUNT # (Ethics Commission Files)
4 Date <i>4/27/2010</i>	5 Payee name <i>Paul Lazzaro</i>	
6 Amount \$ <i>\$ 143⁸⁵84</i>	7 Payee address City State Zip Code <i>55 Aberdeen Crossing Place, The Woodlands, TX 77381</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (see categories listed on the bottom of this schedule) <i>Advertising Expense</i>	(b) Description (if travel outside of Texas complete Schedule F) <i>Commission - Comcast</i>
	Candidate / Officeholder name	Office sought / Office held
9 Candidate / Officer / Member / Political Committee to benefit from this expenditure	Payee name <i>The Villager</i>	
10 Amount \$ <i>\$ 333⁶⁰58</i>	Payee address City State Zip Code <i>1600 Lake Front Circle, Ste 190, The Woodlands, TX 77380</i>	
11 PURPOSE OF EXPENDITURE	Category (see categories listed at the bottom of this schedule) <i>Advertising Expense</i>	Description (if travel outside of Texas complete Schedule F) <i>Ad.</i>
	Candidate / Officeholder name	Office sought / Office held
12 Candidate / Officer / Member / Political Committee to benefit from this expenditure	Payee name	
13 Amount \$	Payee address City State Zip Code	
14 PURPOSE OF EXPENDITURE	Category (see categories listed at the bottom of this schedule)	Description (if travel outside of Texas complete Schedule F)
	Candidate / Officeholder name	Office sought / Office held
15 Candidate / Officer / Member / Political Committee to benefit from this expenditure	Payee name	
16 Amount \$	Payee address City State Zip Code	
17 PURPOSE OF EXPENDITURE	Category (see categories listed at the bottom of this schedule)	Description (if travel outside of Texas complete Schedule F)
	Candidate / Officeholder name	Office sought / Office held
18 Candidate / Officer / Member / Political Committee to benefit from this expenditure	Payee name	
19 Amount \$	Payee address City State Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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