

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Data Postmarked	
Date Processed	
Date Imaged	

Filer name <i>Robert Kane</i>	Account #
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- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the JAN 1, 2009 - JUN 30, 2009 report due on JUL 15 2009. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

[Signature]

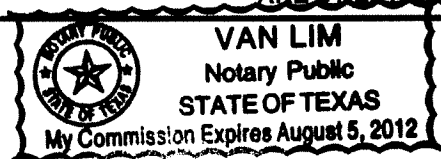
 Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Van Lim this the 2 day of July, 2009, to certify which, witness my hand and seal of office.

[Signature] _____ *Van Lim* _____ *Notary* _____
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER



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: 5
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	FIRST Robert LAST	MI H SUFFIX	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 8807	APT / SUITE #; Garrett ST	CITY; Houston	STATE; TX	ZIP CODE 77036
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (407)	PHONE NUMBER 230-9489	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST Gregory LAST	MI Morgan SUFFIX	OFFICE USE ONLY
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 13618	APT / SUITE #; Somerset DR	CITY; Houston	STATE; TX	ZIP CODE 77041
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8 CAMPAIGN TREASURER PHONE	AREA CODE (432)	PHONE NUMBER 439-2027	EXTENSION
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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 checked="" 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 1	Day 1	Year 09	THROUGH	Month 6	Day 30	Year 09
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11 ELECTION	ELECTION DATE Month 11	Day 3	Year 2009	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) N/A	13 OFFICE SOUGHT (if known) Houston City Council Dist F
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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	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Robert Kane 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	\$ 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	\$ 269.91
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	\$ 100.00

19 AFFIDAVIT

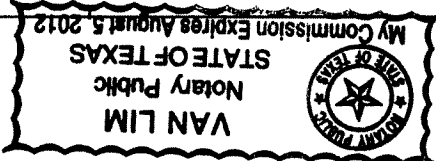
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Van Lim, this the 2 day of July, 2009, to certify which, witness my hand and seal of office.

[Signature] Van Lim Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Robert Kane		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-3-09	5 Payee name shoplet.com	7 Amount (\$) 93.61
6 Payee address; City; State; Zip Code 90 Broad St 22nd Fl NY, NY 10004		
8 Purpose of payment (See instructions regarding type of information required.) office supplies - 2 staples, 2 box binders, 1 color copy paper, 1 printer cart <small>(If travel outside of Texas, complete Schedule T)</small>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held _____
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME

Robert Kane

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

VISTA PRINT

8 Amount (\$)

3-25-09

6 Payee address; City; State; Zip Code
95 Hayden Ave Lexington MA 02471

89.55

7 Purpose of expenditure (See instructions regarding type of information required.)
Printing
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Yahoo VOICE

Amount (\$)

3-4-09

Payee address; City; State; Zip Code
701 First Ave Sunnyvale CA 94089

2.99

Purpose of expenditure (See instructions regarding type of information required.)
LOCAL Ph #
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Yahoo VOICE

Amount (\$)

3-4-09

Payee address; City; State; Zip Code
701 First Ave Sunnyvale CA 94089

2.99

Purpose of expenditure (See instructions regarding type of information required.)
LOCAL Ph #
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Yahoo VOICE

Amount (\$)

4-3-09

Payee address; City; State; Zip Code
701 First Ave Sunnyvale CA 94089

2.99

Purpose of expenditure (See instructions regarding type of information required.)
LOCAL Ph #
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Yahoo VOICE

Amount (\$)

5-3-09

Payee address; City; State; Zip Code
701 First Ave Sunnyvale CA 94089

2.99

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME **Robert Case**

3 ACCOUNT # (Ethics Commission filers)

4 Date 6-7-09	5 Payee name Yahoo voice	8 Amount (\$) 2.99
	6 Payee address; City; State; Zip Code 701 First Ave Sunnyvale CA 94089	
7 Purpose of expenditure (See instructions regarding type of information required.) LOCAL ph # (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-19-09	Payee name Yahoo	Amount (\$) 35.85
	Payee address; City; State; Zip Code 721 First Ave Sunnyvale CA 94089	
Purpose of expenditure (See instructions regarding type of information required.) webhosting (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5-19-09	Payee name Yahoo	Amount (\$) 35.85
	Payee address; City; State; Zip Code 721 First Ave Sunnyvale CA 94089	
Purpose of expenditure (See instructions regarding type of information required.) webhosting (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 **total 2 pages 176.20**