

# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

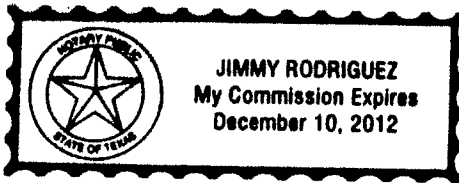
An exemption affidavit must be submitted with each paper report.

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	RECEIVED SEP 25 2009 CITY SECRETARY
Date Hand-delivered or Mailed	Postmarked
Date Processed	
Date Imaged	

Filer name <u>Robert Kane</u>	Account #
----------------------------------	-----------

1. 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.
2. 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.
3. 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.
4. 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.
5. I am filing this affidavit with the 30th day before election report due on OCT 5, 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.



NOTARY STAMP / SEAL

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Robert Kane this the 25th day of September 2009, to certify which, witness my hand and seal of office.

<u>[Signature]</u> Signature of officer administering oath	<u>Jimmy Rodriguez</u> Print name of officer administering oath	<u>Notary</u> Title of officer administering oath
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**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:** 13

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS (MR) FIRST MI  
 NICKNAME LAST SUFFIX  
 Robert H  
 KANE

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 8807 Grape ST Houston TX 77036  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (281) 529-5263

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS (MR) FIRST MI  
 NICKNAME LAST SUFFIX  
 Gregory  
 Morgan

**7 CAMPAIGN TREASURER ADDRESS**  
 (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 13618 Somersworth Dr Houston TX 77041

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (832) 438-2027

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year Month Day Year  
 7 / 1 / 09 THROUGH 9 / 24 / 09

**11 ELECTION**  
 ELECTION DATE ELECTION TYPE  
 Month Day Year Primary Runoff General Special  
 11 / 3 / 09  General

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT** (if known)  
 N/A Houston City Council DIST F

**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  
 additional pages

**OFFICE USE ONLY**

Date Received  
 RECEIVED  
 SEP 25 2009  
 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**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) \$ *3440.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ *0*

4. TOTAL POLITICAL EXPENDITURES \$ *2156.62*

CONTRIBUTION BALANCE

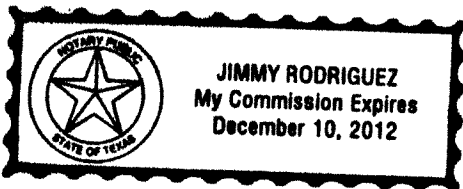
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ *634.59*

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Robert Kane*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Candidate Robert Kane*, this the *25<sup>th</sup>* day of *September*, 20 *09*, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
*Jimmy Rodriguez* Printed name of officer administering oath  
*Notary* Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Robert Kane</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>7-14-09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Catherine Gwer</u>	7 Amount of contribution (\$) <u>50.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>[REDACTED] ORL FL 32881</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>7-15-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Hallihan</u>	Amount of contribution (\$) <u>30.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED] Houston TX 77036</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7-15-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Larry Muxer</u>	Amount of contribution (\$) <u>150.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED] Houston TX 77056</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7-15-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARIE HALL</u>	Amount of contribution (\$) <u>15.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED] Altamonte Springs FL 32701</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7-21-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joseph Crump</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED] NEW YORK NY 10014</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: 4

2 FILER NAME

*Robert Kane*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*7-21-09*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Robert Hallihan*

7 Amount of contribution (\$)

*250.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[Redacted] *Houston TX 77036*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*7-23-09*

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

*Hold Vaccoust*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted] *Phoenix AZ 85012*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*7-23-09*

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

*Texas Democratic Party*

Amount of contribution (\$)

*200.00*

In-kind contribution description (if applicable)

*TEXAS VOTER REGISTRATION NETWORK*

Contributor address; City; State; Zip Code

[Redacted] *Austin TX 78701*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*7-23-09*

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

*TOM RIEVES*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted] *TX 75229*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*7-26*

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

*Felix Argueta*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted] *TOMBALL TX 77461*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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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: <u>4</u>	
2 FILER NAME <u>Robert Kane</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>7-29-09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arnalex Gonzalez</u>	7 Amount of contribution (\$) <u>75.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>[Redacted] Bonita ca 91902</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>8-3-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William Whitaker</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[Redacted] Houston TX 77056</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>8-5-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jenny Walters</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[Redacted] Houston TX 77082</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>8-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>D Scott Stanley</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[Redacted] Houston TX 77255</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>8-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shamir Bhakta</u>	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[Redacted] Galina TX 67401</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: 4

2 FILER NAME Robert Kane 3 ACCOUNT # (Ethics Commission files)

4 Date <u>8-18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Charles Armstrong</u>	7 Amount of contribution (\$) <u>100-</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77006</u>	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>9-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Eduardo Alvaro</u>	Amount of contribution (\$) <u>20-</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77036</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>9-8</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Zoraida Mastoor</u>	Amount of contribution (\$) <u>500-</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77406</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>9-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>EVER Saravia</u>	Amount of contribution (\$) <u>100-</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77036</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>8-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Henry Fernandez</u>	Amount of contribution (\$) <u>50-</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>[REDACTED] Indianapolis IN 46236</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **6**

2 FILER NAME: **Robert Kane** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7-14-09</b>	5 Payee name <b>STAPLES</b>	7 Amount (\$) <b>73.07</b>
6 Payee address; City; State; Zip Code <b>6725 S. GULFVIEW HOUSTON TX 77036</b>		

8 Purpose of payment (See instructions regarding type of information required.)  
**office supplies**  
(If travel outside of Texas, complete Schedule T)

9 **-- Complete if direct expenditure to benefit C/OH --**  
Candidate / Officeholder name Office sought Office held

Date <b>7-27-09</b>	Payee name <b>U.S. POST OFFICE</b>	Amount (\$) <b>44.00</b>
Payee address; City; State; Zip Code <b>BEECHAMPTON HOUSTON TX 77072</b>		

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

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

Date <b>7-23-09</b>	Payee name <b>VISTA PRINT</b>	Amount (\$) <b>73.73</b>
Payee address; City; State; Zip Code <b>195 HAYDEN AVE LEXINGTON MA 02421</b>		

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

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

Date <b>7-17-09</b>	Payee name <b>Texas Democratic Party</b>	Amount (\$) <b>200-</b>
Payee address; City; State; Zip Code <b>505 W 17th ST SUITE 200 AUSTIN TX 78701</b>		

Purpose of payment (See instructions regarding type of information required.)  
**political contribution**  
(If travel outside of Texas, complete Schedule T)

**-- 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**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

*Robert Kane*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*7-25-09*

5 Payee name

*Newegg.com*

7 Amount (\$)

*119.98*

6 Payee address; City; State; Zip Code

*9997 E. Rose Hill Blvd W. Hill Co TX 78061*

8 Purpose of payment (See instructions regarding type of information required.)

*Printer*

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

*7-31-09*

Payee name

*BEST BUY*

Amount (\$)

*49.78*

Payee address; City; State; Zip Code

*9210 S. Gestner Houston TX 77036*

Purpose of payment (See instructions regarding type of information required.)

*wireless adapter*

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

*8-14-09*

Payee name

*VISTA PRINT*

Amount (\$)

*3.54*

Payee address; City; State; Zip Code

*95 HAYDEN AVE LEXINGTON MA 02421*

Purpose of payment (See instructions regarding type of information required.)

*Email marketing program*

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

*8-16-09*

Payee name

*ORIENTAL BISTRO*

Amount (\$)

*25.65*

Payee address; City; State; Zip Code

*1009 W. Thacker Houston TX 77006*

Purpose of payment (See instructions regarding type of information required.)

*Lunch for volunteers*

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **6**

2 FILER NAME **Robert Kane** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8-18-09</b>	5 Payee name <b>BEST Buy</b>	7 Amount (\$) <b>35.96</b>
6 Payee address; City; State; Zip Code <b>8710 S. Gessner Houston TX 77036</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Printer Ink</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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Date <b>8-18-09</b>	Payee name <b>FRY'S ELECTRONICS</b>	Amount (\$) <b>32.46</b>
Payee address; City; State; Zip Code <b>11565 SW 59 Houston TX 77031</b>		

Purpose of payment (See instructions regarding type of information required.) <b>RAM Memory</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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Date <b>8-20-09</b>	Payee name <b>SPRINT Digital Print</b>	Amount (\$) <b>410.27</b>
Payee address; City; State; Zip Code <b>8248 Clay Rd # 300 Houston TX 77060</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Yard Signs</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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Date <b>8-26-09</b>	Payee name <b>VISTA print</b>	Amount (\$) <b>9.99</b>
Payee address; City; State; Zip Code <b>95 HAYDEN AVE LEXINGTON MA 02421</b>		

Purpose of payment (See instructions regarding type of information required.) <b>email program</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME **Robert Kane**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8-26-09</b>	5 Payee name <b>DOSE CATAVIS. XT</b> 6 Payee address; City; State; Zip Code <b>no address</b>	7 Amount (\$) <b>70.00</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>web Ad</b> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>8-31-09</b>	Payee name <b>MAIL JOB</b> Payee address; City; State; Zip Code <b>9440 HARWIN DR SUITE C HOUSTON TX 77036</b>	Amount (\$) <b>100.00</b>
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Purpose of payment (See instructions regarding type of information required.) <b>photography</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>9-1-09</b>	Payee name <b>US POST OFFICE</b> Payee address; City; State; Zip Code <b>BRECHNET HOUSTON TX 77022</b>	Amount (\$) <b>44.00</b>
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Purpose of payment (See instructions regarding type of information required.) <b>STAMPS</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>9-5-09</b>	Payee name <b>Best Buy</b> Payee address; City; State; Zip Code <b>8210 S. GESSNER HOUSTON TX 77036</b>	Amount (\$) <b>56.26</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Printer Ink</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **6**

2 FILER NAME **Robert Karc** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8-31-09</b>	5 Payee name <b>Neil Jov</b>	7 Amount (\$) <b>711.08</b>
6 Payee address; City; State; Zip Code <b>9440 Hamlin Suite C Houston TX 77036</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Printing</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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Date <b>9-17-09</b>	Payee name <b>Greater Houston Women's Chamber of Commerce</b>	Amount (\$) <b>100.00</b>
Payee address; City; State; Zip Code <b>3015 Richmond St # 200 Houston TX 77036</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Table display @ luncheon material debate</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date <b>9-17-09</b>	Payee name <b>Neil Jov</b>	Amount (\$) <b>64.95</b>
Payee address; City; State; Zip Code <b>9440 Hamlin Dr Suite C Houston TX 77036</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Banner</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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Date <b>9-21-09</b>	Payee name <b>Best Buy</b>	Amount (\$) <b>28.13</b>
Payee address; City; State; Zip Code <b>8710 S. Gessner Houston TX 77036</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Printer Ink</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **6**

2 FILER NAME **Robert Kane** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8-21-09</b>	5 Payee name <b>STAPLES</b>	7 Amount (\$) <b>8.97</b>
6 Payee address; City; State; Zip Code <b>8725 S. Seelye Houston TX 77036</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>RAVENS</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>9-22-09</b>	Payee name <b>NEI FOR</b>	Amount (\$) <b>64.95</b>
Payee address; City; State; Zip Code <b>9440 Harwin Blvd Houston TX 77036</b>		

Purpose of payment (See instructions regarding type of information required.) <b>CAR RENTALS</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>9-23-09</b>	Payee name <b>US POST office</b>	Amount (\$) <b>176.05</b>
Payee address; City; State; Zip Code <b>West Ave Houston TX 77036</b>		

Purpose of payment (See instructions regarding type of information required.) <b>STAMPS</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>7-14-09</b> <b>10/24/09</b>	Payee name <b>PAYPAL</b>	Amount (\$) <b>36.03</b>
Payee address; City; State; Zip Code <b>2145 San Jose California 95125</b>		

Purpose of payment (See instructions regarding type of information required.) <b>CREDIT CARD FEE</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <b>1</b>
2 FILER NAME <b>Robert Kane</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7-3-09</b>	5 Payee name <b>Yahoo</b>	8 Amount (\$) <b>2.99</b>
6 Payee address; City; State; Zip Code <b>701 First Ave Sunnyvale CA 94089</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <b>Local ph #</b> (If travel outside of Texas, complete Schedule T)		
Date <b>8-3-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>2.99</b>
Payee address; City; State; Zip Code <b>701 First Ave Sunnyvale CA 94089</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>Local ph #</b> (If travel outside of Texas, complete Schedule T)		
Date <b>9-19-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>35.85</b>
Payee address; City; State; Zip Code <b>721 First Ave Sunnyvale CA 94089</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>3 mo web hosting</b> (If travel outside of Texas, complete Schedule T)		
Date <b>9-3-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>2.99</b>
Payee address; City; State; Zip Code <b>701 First Ave Sunnyvale CA 94089</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>Local ph #</b> (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 (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED