

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: 4				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Robert</i>	MI <i>H</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>KANE</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <i>8302 Grand St</i>	APT / SUITE #; <i>Houston TX</i>	CITY; <i>HOUSTON TX</i>	STATE; <i>TX</i>	ZIP CODE <i>77036</i>	Date Received	
	<input type="checkbox"/> Change of Address					Date Hand-delivered or Date Postmarked <i>JAN - 7 2009</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(407)</i>	PHONE NUMBER <i>730-9489</i>	EXTENSION			Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Gregory</i>	MI			Date Processed	
	NICKNAME	LAST <i>Morgan</i>	SUFFIX			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <i>13618 Somersworth Dr</i>		APT / SUITE #;	CITY; <i>Houston TX</i>	STATE; <i>TX</i>	ZIP CODE <i>77041</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(832)</i>	PHONE NUMBER <i>434-2027</i>	EXTENSION				
9 REPORT TYPE	<input checked="" 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 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 <i>9</i>	Day <i>23</i>	Year <i>08</i>	THROUGH	Month <i>12</i>	Day <i>31</i>	Year <i>08</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 3 / 2009</i>			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) <i>N/A</i>			13 OFFICE SOUGHT (if known) <i>Houston City Council Dist F</i>			
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						
<input type="checkbox"/> additional pages							

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)**

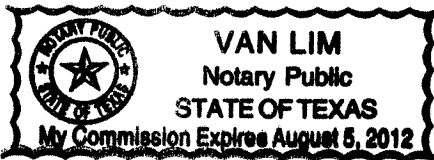
17 NOTICE FROM POLITICAL COMMITTEE(S)

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	\$ <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>69.82</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>100.00</u>

19 AFFIDAVIT



VAN LIM
Notary Public
STATE OF TEXAS
My Commission Expires August 5, 2012

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 Robert Kane, this the 7 day of January, 2009, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Van Lim
Printed name of officer administering oath

Notary
Title of officer administering oath

**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 <u>11-19-08</u>	5 Payee name <u>yahoo voice - webhosting</u> 6 Payee address; City; State; Zip Code <u>701 First Ave Sunnyvale CA 94089</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>kaneforcitycouncil.com website Hosting</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>35.95</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>12-8-08</u>	Payee name <u>ya hoo voice</u> Payee address; City; State; Zip Code <u>701 First Ave Sunnyvale CA 94089</u> Purpose of expenditure (See instructions regarding type of information required.) <u>local houston ph # that forwards to my cell phone</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>25.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>10-4-08</u>	Payee name <u>yahoo voice</u> Payee address; City; State; Zip Code <u>701 First Ave Sunnyvale ca 94089</u> Purpose of expenditure (See instructions regarding type of information required.) <u>monthly fee for local ph #</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>2.99</u> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <u>11-4-08</u>	Payee name <u>yahoo voice</u> Payee address; City; State; Zip Code <u>701 First Ave Sunnyvale CA 94089</u> Purpose of expenditure (See instructions regarding type of information required.) <u>monthly fee for local ph #</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>2.99</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>12-4-08</u>	Payee name <u>yahoo voice</u> Payee address; City; State; Zip Code <u>701 First Ave Sunnyvale ca 94089</u> Purpose of expenditure (See instructions regarding type of information required.) <u>monthly fee for local ph #</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>2.99</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>1</i>
2 FILER NAME <i>Robert KANE</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>0</i>
5 Date of loan <i>12-10-09</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Kane</i>	9 Loan Amount (\$) <i>100.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>8907 Grape ST HOUSTON TX 77036</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>11-2009</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		