



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION


An exemption affidavit must be submitted with each paper report.

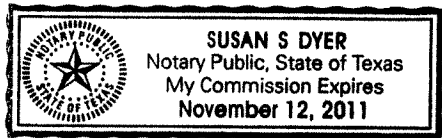
A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

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

Filer name <u>KHALID KHAN</u>	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 25 AUG 09 - 24 SEP 09 report due on 10/05/09. 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 of Candidate or Officeholder



NOTARY STAMP / SEAL

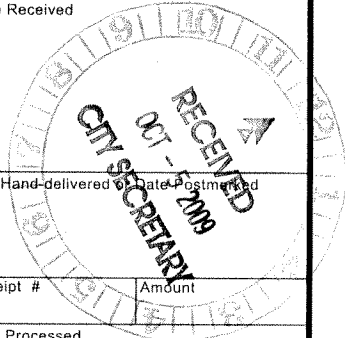
Sworn to and subscribed before me by Khalid Khan this the 5th day of October, 2009, to certify which, witness my hand and seal of office.

 \_\_\_\_\_  
 Signature of officer administering oath      Susan S Dyer      \_\_\_\_\_  
 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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRG / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.2em;">KHALID</div> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">KHAN</div>	<b>OFFICE USE ONLY</b>  	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE P.O. Box 740831 HOUSTON, TX 77274		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (713) 478-1637		
<b>6 CAMPAIGN TREASURER NAME</b>	MS/MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.2em;">RAF</div> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">CONNINGHAM</div>		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 6654 SOUTHWEST Fwy HOUSTON, TX 77074		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (713) 339-9393		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year                      THROUGH                      Month    Day    Year 08 / 25 / 09                      10 / 24 / 09		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year 11 / 03 / 09	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) N/A	<b>13 OFFICE SOUGHT (if known)</b> HOUSTON CITY COUNCIL DISTRICT F	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	.. 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**

**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>KHALID KHAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>08/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KHALID KHAN</i>	7 Amount of contribution (\$) <i>\$5000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77274</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>08/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ZAFAR HASHIMI</i>	Amount of contribution (\$) <i>\$2000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>SUGAR LAND, TX 77478</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KHALID MANZOOR</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77059</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MUHAMMAD MIAN</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77062</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARSHIA MADNI</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77024</i>		(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:	
2 FILER NAME <i>KHALID KHAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>09/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AKBAR REHMANULLA</i>	7 Amount of contribution (\$) <i>\$ 1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77024</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>09/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARIF AZIZ REHMANULLA</i>	Amount of contribution (\$) <i>\$ 5000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>SEALY, TX 77474</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DR KASHIF ANSARI</i>	Amount of contribution (\$) <i>\$ 5000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>BAYTOWN, TX 77521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HEITHAM BADRAN</i>	Amount of contribution (\$) <i>\$ 5000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>SPRING, TX 77386</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TASLEEM UDDIN</i>	Amount of contribution (\$) <i>\$ 1600.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>SUGAR LAND, TX 77478</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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:	
2 FILER NAME <i>KATHALIN KAHAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>09/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RAHILA AHMED</i>	7 Amount of contribution (\$) <i>\$ 1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77068</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>09/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FAHMIDA BADAT</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77066</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MOHAMMED QURE</i>	Amount of contribution (\$) <i>\$ 5000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77057</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>QMAR KHAWAJA</i>	Amount of contribution (\$) <i>\$ 10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>HOUSTON, TX 77077</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>09/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RABEBA SULTAN</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>KINGSWOOD, TX 77339</i>		(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 EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>KHAZID KHAN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>08/30</i>	5 Payee name <i>HAZEL WEST</i> 6 Payee address; City; State; Zip Code <i>9114 TAVISTOCK HOUSTON, TX 77031</i>	7 Amount (\$) <i>\$ 757.<sup>75</sup>/<sub>100</sub></i>
8 Purpose of payment (See instructions regarding type of information required.) <i>PHOTOGRAPHY.</i> (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
Date <i>08/30</i>	Payee name <i>SHAKE FX</i> Payee address; City; State; Zip Code <i>4711 BRASSVALLEY DR HOUSTON, TX 77096.</i>	Amount (\$) <i>\$ 2800.<sup>00</sup>/<sub>100</sub></i>
Purpose of payment (See instructions regarding type of information required.) <i>WEBSITE</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>08/31</i>	Payee name <i>BOOKER INDUSTRIES</i> Payee address; City; State; Zip Code <i>5415 MAPLEAVE SUITE 230 DALLAS, TX 75235</i>	Amount (\$) <i>\$ 703.<sup>63</sup>/<sub>100</sub></i>
Purpose of payment (See instructions regarding type of information required.) <i>DATABASE.</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>SPRINT DIGITAL PRINT</i> Payee address; City; State; Zip Code <i>8748 CLAY RD SUITE 380 HOUSTON, TX 77080.</i>	Amount (\$) <i>\$ 1677.<sup>88</sup>/<sub>100</sub></i>
Purpose of payment (See instructions regarding type of information required.) <i>SIGNS.</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** KHARID KHAN **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

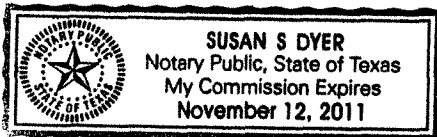
additional pages

\*\* 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	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34010.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5939.26
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 28070.74
<b>OUTSTANDING LOAN TOTALS</b>	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 45, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KHARID KHAN, this the 5th day of October, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Susan S Dyer  
 Printed name of officer administering oath: Susan S Dyer  
 Title of officer administering oath: \_\_\_\_\_