

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

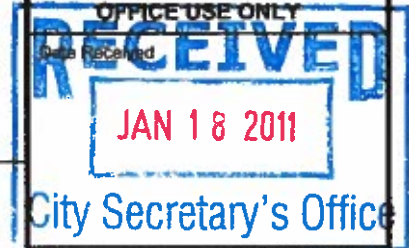
The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00065536

2 PAGE #
1 of 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs. Kim
NICKNAME LAST SUFFIX
LAST Limberg



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
1910 Cartwright St.
Irving, TX 75062

Change of Address

Date Hand-delivered or Date Postmarked

AD 1/18/11 JPP 2:00pm

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Michael
NICKNAME LAST SUFFIX
Mike Moore

Date Processed

Date Imaged



1935 Salem, Irving, Texas 75061

7 CAMPAIGN TREASURER PHONE

PHONE NUMBER
(714) 780-4188

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07/01/2010 12/31/2010

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Limberg, Kim (Mrs.)

15 ACCOUNT # (Ethics Commission filers)
00065536

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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 TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 418.96

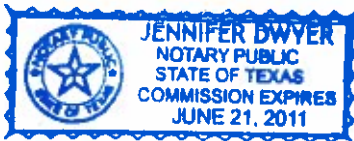
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5.35

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 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.

Kim Conrad Limberg
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the Kim Limberg, this the 18th day of January, 2011, to certify which, witness my hand and seal of office.

Jennifer Dwyer
Signature of officer administering oath

Jennifer Dwyer
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation 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/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 3/7		2 FILER NAME Limberg, Kim (Mrs.)		3 ACCOUNT # (TEC filers) 00065536
4 Date 07/15/2010	5 Payee name Marquez, Consuelo (Ms.)			
6 Amount (\$) \$64.48	7 Payee address City; State; Zip Code 3216 Witton St. Irving, TX 75062-4154			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for cost of ink for campaing literature.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/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/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/4 Report: 4/7	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
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4 Date 12/27/2010	5 Payee name AMVETS
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6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code P.O. Box 141128 Austin, TX 78714
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 09/02/2010	Payee name Cara Mia Theatre Co.
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Amount (\$) \$60.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 226144 Dallas, TX 75222
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 07/15/2010	Payee name Contact Contact
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Amount (\$) \$32.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1601 Trapelo Rd. Suite 329 Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email service
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Date 07/21/2010	Payee name Demcratic National Committee
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Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 430 South Capitol Street,SE Washington, DC 20003
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
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Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
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Salaries/Wages/Contract Labor
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Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/4 Report: 5/7	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
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4 Date 08/21/2010	5 Payee name Demcratic National Committee
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6 Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 430 South Capitol Street,SE Washington, DC 20003
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 09/21/2010	Payee name Demcratic National Committee
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Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 430 South Capitol Street,SE Washington, DC 20003
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 10/04/2010	Payee name Demcratic National Committee
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Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 430 South Capitol Street,SE Washington, DC 20003
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 10/21/2010	Payee name Demcratic National Committee
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Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 430 South Capitol Street,SE Washington, DC 20003
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

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Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

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1 PAGE # Schedule: 3/4 Report: 6/7	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
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4 Date 11/21/2010	5 Payee name Demcratic National Committee
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6 Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 430 South Capitol Street,SE Washington, DC 20003
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 12/21/2010	Payee name Demcratic National Committee
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Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 430 South Capitol Street,SE Washington, DC 20003
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 07/06/2010	Payee name Emily's List
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Amount (\$) \$37.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1120 Connecticut Ave. NW Suite 1100 Washington, DC 20036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 07/06/2010	Payee name League of Conservation Voters
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Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1920 L Street, NW Ste 800 Washington, DC 20036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
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Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/4 Report: 7/7	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
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4 Date 09/19/2010	5 Payee name Natural Resources Defense Council
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6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 40 West 20th Street New York, NY 10011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 10/26/2010	Payee name Safe Tables Our Priority
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Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3149 Dundee Rd. #276 Northbrook, IL 60062
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 09/19/2010	Payee name Save The Redwoods League
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Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 114 Sansome St Suite 1200 San Francisco, CA 94104-3823
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Date 09/30/2010	Payee name State Democratic Party
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Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 12787 Irving, TX 78711-2787
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to Texas Democratic Party
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