

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00065536	<b>2 PAGE #</b> 1 of 10
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mrs.      FIRST Kim      MI NICKNAME ..... LAST Limberg      SUFFIX .....	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <b>OFFICE USE ONLY</b>  <span style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</span>  <span style="color: red; font-weight: bold;">APR 30 2010</span>                      City Secretary's Office                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX,    APT / SUITE #,    CITY,    STATE,    ZIP CODE 1910 Cartwright St. Irving, TX 75062		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.      FIRST Michael      MI NICKNAME Mike ..... LAST Moore      SUFFIX .....	Date Received: _____ Date Hand-delivered or Date Postmarked: <i>Kadby</i> Receipt #      Amount Date Processed: <i>4/30/10 @ 4:00pm</i> Date Imaged: _____	
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 1835 Salem Irving, TX 75061		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (972) 790-4133		
<b>8 REPORT TYPE</b>	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>9 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year 03/30/2010      04/28/2010		
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 05/08/2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> City Council District 7	
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	.. 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

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  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	886.50
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	1,097.17
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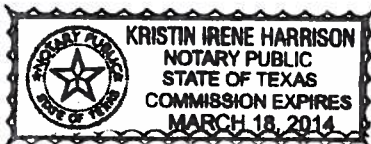
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	157.85
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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### 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 Candell Limberg*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kim Limberg, this the 30 day of April, 2010, to certify which, witness my hand and seal of office.

*Kristin Irene Harrison*      Kristin Irene Harrison      Notary  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/10	
2 FILER NAME Limberg, Kim (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00065536	
4 Date  04/07/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Harvey (Mr.)  6 Contributor address; City; State; Zip Code 1507 Wilshire Blvd. Arlington, TX 76012	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self Employed	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limberg, Donald (Mr.)  Contributor address; City; State; Zip Code 2735 W. 11th Street Irving, TX 75060	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marquez, Consuelo (Ms.)  Contributor address; City; State; Zip Code 3216 Witton St Irving, TX 75062-4154	Amount of contribution (\$)  \$391.50	In-kind contribution description (if applicable) Campaign workers paid by Ms. Marquez
Principal occupation / Job title (See Instructions) Cleaning Business Owner		Employer (See Instructions) Self Employed	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Sandra (Ms.)  Contributor address; City; State; Zip Code 1616 Alden Irving, TX 75061	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Craig (Mr.)  Contributor address; City; State; Zip Code 321 S. O'Connor Rd. Irving, TX 75060	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 2/2 Report: 4/10

**2** FILER NAME Limberg, Kim (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)

00065536

**4** Date

03/31/2010

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Tubre, Davis (Mr.)

**6** Contributor address; City; State; Zip Code  
2414 Coulee St.  
Irving, TX 75062

**7** Amount of contribution (\$)

\$50.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

04/25/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Tubre, Davis (Mr.)

Contributor address; City; State; Zip Code  
2414 Coulee St.  
Irving, TX 75062

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 1/3 Report: 5/10
<b>2 FILER NAME</b> Limberg, Kim (Mrs.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00065536
<b>4 Date</b>  04/07/2010	<b>5 Payee name</b> Limberg, Kim (Mrs.)  ..... <b>6 Payee address; City; State; Zip Code</b> 1910 Cartwright St. Irving, TX 75062	<b>7 Amount (\$)</b>  \$100.00
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Partial Reimb. for \$129.90 receipt for Printing by Kustom Kwik Print 03/01/2010 03/12/2010  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  04/16/2010	<b>Payee name</b> PayPal  ..... <b>Payee address; City; State; Zip Code</b> 400 R Street Sacramento, CA 95814	<b>Amount (\$)</b>  \$0.88
<b>Purpose of payment</b> (See instructions regarding type of information required.) Service fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  04/23/2010	<b>Payee name</b> Sigma Mailing Services, LLP  ..... <b>Payee address; City; State; Zip Code</b> 1608 Country Manor Rd. Fort Worth, TX 76134	<b>Amount (\$)</b>  \$81.19
<b>Purpose of payment</b> (See instructions regarding type of information required.) Bulk Mail Service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  04/16/2010	<b>Payee name</b> Tucker, Chad (Mr.)  ..... <b>Payee address; City; State; Zip Code</b> 3123 W. Walnut Hill Ln. Apt. 2087 Irving, TX 75038	<b>Amount (\$)</b>  \$67.50
<b>Purpose of payment</b> (See instructions regarding type of information required.) Campaign Services - Sign placement & pickup  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 2/3 Report: 6/10
<b>2 FILER NAME</b> Limberg, Kim (Mrs.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00065536
<b>4 Date</b>  04/23/2010	<b>5 Payee name</b> Tucker, Chad (Mr.)  ..... <b>6 Payee address; City; State; Zip Code</b> 3123 W. Walnut Hill Ln. Apt. 2087 Irving, TX 75038	<b>7 Amount (\$)</b>  \$22.50
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Campaign Services - Sign placememt & pickup  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  04/05/2010	<b>Payee name</b> Washington, Ivan (Mr.)  ..... <b>Payee address; City; State; Zip Code</b> 8821 Valley Ranch Pkwy, East Apt. 327 Irving, TX 75063	<b>Amount (\$)</b>  \$15.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) Campaign Services - Place & Pickup signs  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  04/09/2010	<b>Payee name</b> Washington, Ivan (Mr.)  ..... <b>Payee address; City; State; Zip Code</b> 8821 Valley Ranch Pkwy, East Apt. 327 Irving, TX 75063	<b>Amount (\$)</b>  \$33.75
<b>Purpose of payment</b> (See instructions regarding type of information required.) Campaign Services - Place & Pickup signs  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  04/16/2010	<b>Payee name</b> Washington, Ivan (Mr.)  ..... <b>Payee address; City; State; Zip Code</b> 8821 Valley Ranch Pkwy, East Apt. 327 Irving, TX 75063	<b>Amount (\$)</b>  \$53.62
<b>Purpose of payment</b> (See instructions regarding type of information required.) Campaign Services - Place & Pickup signs  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 3/3 Report: 7/10

2 FILER NAME Limberg, Kim (Mrs.)

3 ACCOUNT # (Ethics Commission filers)  
00065536

4 Date  
  
04/23/2010

5 Payee name  
Washington, Ivan (Mr.)  
.....  
6 Payee address; City; State; Zip Code  
8821 Valley Ranch Pkwy, East  
Apt. 327  
Irving, TX 75063

7 Amount (\$)  
  
\$57.75

8 Purpose of payment (See instructions regarding type of information required.)  
Campaign Services - Place & Pickup signs

9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 8/10
2 FILER NAME Limberg, Kim (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00065536
4 Date 04/22/2010	5 Payee name AmBUCS ----- 6 Payee address; City; State; Zip Code P.O. Box 5127 High Point, NC 27262 7 Purpose of expenditure (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$)  \$5.00  <input type="checkbox"/> Reimbursement from political contributions intended
Date 04/15/2010	Payee name Constant Contact ----- Payee address; City; State; Zip Code 1601 Trapelo Rd. Suite 329 Waltham, MA 02451 Purpose of expenditure (See instructions regarding type of information required.) Email service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$31.88  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/21/2010	Payee name Demcratic National Committee ----- Payee address; City; State; Zip Code 430 South Capitol Street,SE Washington, DC 20003 Purpose of expenditure (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$15.00  <input type="checkbox"/> Reimbursement from political contributions intended
Date 04/17/2010	Payee name Democratic Senatorial Campaign Committee ----- Payee address; City; State; Zip Code 120 Mryland Avenue, NE Washington, DC 20002 Purpose of expenditure (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$10.00  <input type="checkbox"/> Reimbursement from political contributions intended
Date 04/20/2010	Payee name El Chico ----- Payee address; City; State; Zip Code 2305 W. Airport Freeway Irving, TX 75062 Purpose of expenditure (See instructions regarding type of information required.) Food for Campaign Workers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$20.10  <input checked="" type="checkbox"/> Reimbursement from political contributions intended



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/3 Report: 9/10
<b>2</b> FILER NAME Limberg, Kim (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065536
<b>4</b> Date 04/27/2010	<b>5</b> Payee name El Ranchero Meat Market ..... <b>6</b> Payee address; City; State; Zip Code 1814 N. Story Rd. Irving, TX 75061	<b>8</b> Amount (\$)  \$6.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Food for Campaign Workers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 04/23/2010	Payee name Kustom Kwik Print ..... Payee address; City; State; Zip Code 2233 E. Grauwlyer Rd. Ste 123 Irving, TX 75061-3239	Amount (\$)  \$216.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Printing Service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 04/17/2010	Payee name Mefrano's Tienda Panades ..... Payee address; City; State; Zip Code 3001 W. Pioneer Dr. Irving, TX 75061	Amount (\$)  \$12.98  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Food for campaign workers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 04/26/2010	Payee name Mefrano's Tienda Panades ..... Payee address; City; State; Zip Code 3001 W. Pioneer Dr. Irving, TX 75061	Amount (\$)  \$9.73  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Food for campaign workers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 04/08/2010	Payee name Office Depot ..... Payee address; City; State; Zip Code 1000 W. Airport Frwy Irving, TX 75061	Amount (\$)  \$16.23  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Printer Ink  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/3 Report: 10/10
<b>2</b> FILER NAME Limberg, Kim (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065536
<b>4</b> Date 04/24/2010	<b>5</b> Payee name Office Depot ..... <b>6</b> Payee address; City; State; Zip Code 1000 W. Airport Frwy Irving, TX 75061 <b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Paper cutting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8</b> Amount (\$)  \$4.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/03/2010	Payee name Sierra Club ..... Payee address; City; State; Zip Code 408 C Street, NE Washington, DC 20002  Purpose of expenditure (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$19.00  <input type="checkbox"/> Reimbursement from political contributions intended
Date 04/26/2010	Payee name Subway Sandwiches & Salads ..... Payee address; City; State; Zip Code 1105 Coker Irving, TX 75062  Purpose of expenditure (See instructions regarding type of information required.) Food for Campaign Workers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$12.99  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/23/2010	Payee name United States Postal Service ..... Payee address; City; State; Zip Code 2701 W Irving Blvd Irving, TX 75061  Purpose of expenditure (See instructions regarding type of information required.) Postage & Mail Certification  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$280.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/25/2010	Payee name Walmart ..... Payee address; City; State; Zip Code 4100 W. Airport Frwy Irving, TX 75061  Purpose of expenditure (See instructions regarding type of information required.) Mailing Labels  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$4.57  <input checked="" type="checkbox"/> Reimbursement from political contributions intended