

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

old form 8/2

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

1 ACCOUNT # (Ethics Commission filers) 00065536	2 PAGE # 1 of 5
--	---------------------------

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs. Kim

NICKNAME LAST SUFFIX
Limberg

RECEIVED
 OFFICE USE ONLY
 Date Received
JUL 14 2011
 City Secretary's Office
 7/14/11 KH HD 1:07pm

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1910 Cartwright St.
Irving, TX 75062-4300

Change of Address

Date Hand-delivered or Date Postmarked
Received - old form 7/14/11

Receipt #	Amount
-----------	--------

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Mike

NICKNAME LAST SUFFIX
Moore

Date Processed
Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1835 Salem
Irving, TX 75061

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 790-4133

8 REPORT TYPE

<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 checked="" 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year

01/01/2011 06/30/2011

10 ELECTION

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
---	---

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
City Council District 7

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

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: 1/3 Report: 3/5	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
--	--	---

4 Date 02/21/2011	5 Payee name Democratic Congressional Campaign Committee
-----------------------------	--

6 Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 430 S. Capitol Street, S.E. Washington, DC 20003
---	---

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
---------------------------------	---	---

Date 02/21/2011	Payee name Democratic National Committee
--------------------	---

Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 430 S. Capitol Street, S.E. Washington, DC 20003
--	--

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
------------------------	--	--

Date 05/23/2011	Payee name Democratic National Committee
--------------------	---

Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 430 S. Capitol Street, S.E. Washington, DC 20003
--	--

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
------------------------	--	--

Date 04/18/2011	Payee name Emily's List
--------------------	----------------------------

Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1120 Connecticut Ave., N.W. Suite 110 Washington, DC 20036
--	---

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"/> Donations
------------------------	--	---

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: 2/3 Report: 4/5	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
--	--	---

4 Date 01/27/2011	5 Payee name Environmental Defense Fund
-----------------------------	---

6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 257 Park Avenue South New York, NY 10010
---	---

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
---------------------------------	---	---

Date 04/22/2011	Payee name GoDaddy.com
---------------------------	----------------------------------

Amount (\$) \$11.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 14455 North Hayden Rd. Suite 219 Scottsdale, AZ 85260
--	---

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"/> Domain name for website
-------------------------------	--	--

Date 01/27/2011	Payee name League of Conservation Voters
---------------------------	--

Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1920 L. Street, NW Suite 800 Washington, DC 20036
---	---

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
-------------------------------	---	---

Date 06/30/2011	Payee name Obama for America, Inc.
---------------------------	--

Amount (\$) \$5.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O.Box 802798 Chicago, IL 60680-4263
--	--

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"/> Contribution
-------------------------------	---	---

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: 3/3 Report: 5/5	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
--	--	---

4 Date 01/27/2011	5 Payee name Sierra Club
-----------------------------	------------------------------------

6 Amount (\$) \$49.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 85 Second Street 2nd Floor San Francisco, CA 94105
---	--

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
---------------------------------	---	---

Date 05/07/2011	Payee name Sierra Club
---------------------------	----------------------------------

Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 85 Second Street 2nd Floor San Francisco, CA 94105
---	--

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
-------------------------------	---	---

Date 03/15/2011	Payee name Texas Democratic Party
---------------------------	---

Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 12787 Austin, TX 78711-2787
---	---

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
-------------------------------	---	---

Date 03/16/2011	Payee name Veterans Assistance Foundation
---------------------------	---

Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 109 Newburg, WI 53060
---	---

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"/> Donations
-------------------------------	---	--

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

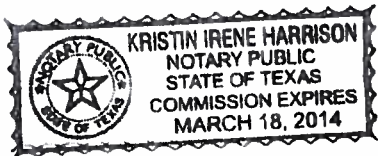
16 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$	230.62
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 Carroll Limberg
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kim Carroll Limberg, this the 14th day of July, 2011, 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