

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Old form

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 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Kim	MI
	NICKNAME	LAST Limberg	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1910 Cartwright St. Irving, TX 75062-4300		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Mike	MI
	NICKNAME	LAST Moore	SUFFIX
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 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)		
9 PERIOD COVERED	Month	Day	Year
	07/01/2011		THROUGH 12/31/2011
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05/08/2010		<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

OFFICE USE ONLY
RECEIVED
JAN 17 2012
City Secretary's Office

Date Hand-delivered or Date Postmarked
HD 1/17/12 2:30pm
Rec'd 1/17/12 by [signature]

Receipt #	Amount

Date Processed
Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
00065536

15 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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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 \$100 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

250.00

CONTRIBUTION BALANCE

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

\$

5.35

OUTSTANDING LOAN TOTALS

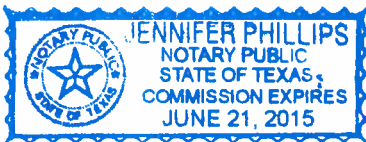
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

17 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 said Kim Limberg, this the 17th day of January, 2012, to certify which, witness my hand and seal of office.

Jennifer Phillips
Signature of officer administering oath

Jennifer Phillips
Print name of officer administering oath

Notary
Title of officer administering oath

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: 3/6	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
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4 Date 11/14/2011	5 Payee name AMVETS
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6 Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 4647 Forbes Boulevard Lanham, MD 20706-4380
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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 08/12/2011	Payee name CARE
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Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P. O. Box 7039 Merrifield, VA 22116
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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 09/02/2011	Payee name Center for Biological Diversity
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Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 710 Tucson, AZ 85702-0710
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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 08/29/2011	Payee name Democratic Congressional Campaign Committee
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Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 430 S. Capitol Street, S.E. 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

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EXPENDITURE CATEGORIES

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Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
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Candidate/Officeholder/Political Committee
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1 PAGE # **2** FILER NAME **3** ACCOUNT # (TEC filers)
Schedule: 2/4 Report: 4/6 Limberg, Kim (Mrs.) 00065536

4 Date **5** Payee name
09/29/2011 Democratic Congressional Campaign Committee

6 Amount (\$) **7** Payee address City; State; Zip Code
\$33.00 430 S. Capitol Street, S.E.
 Reimbursement from political contributions intended Washington, DC 20003

8 PURPOSE OF EXPENDITURE **(a)** Category (See Categories listed at the top of this schedule) **(b)** Description (If travel outside of Texas, complete Schedule T)
Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation

Date Payee name
12/27/2011 Democratic Congressional Campaign Committee

Amount (\$) Payee address City; State; Zip Code
\$10.00 430 S. Capitol Street, S.E.
 Reimbursement from political contributions intended Washington, DC 20003

PURPOSE OF EXPENDITURE **(a)** Category (See Categories listed at the top of this schedule) **(b)** Description (If travel outside of Texas, complete Schedule T)
Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation

Date Payee name
07/29/2011 Earthjustice

Amount (\$) Payee address City; State; Zip Code
\$10.00 50 California Street
 Reimbursement from political contributions intended Suite 500
San Francisco, CA 94111

PURPOSE OF EXPENDITURE **(a)** Category (See Categories listed at the top of this schedule) **(b)** Description (If travel outside of Texas, complete Schedule T)
Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation

Date Payee name
08/18/2011 League of Conservation Voters

Amount (\$) Payee address City; State; Zip Code
\$12.00 1920 L Street, NW
 Reimbursement from political contributions intended Suite 800
Washington, DC 20038

PURPOSE OF EXPENDITURE **(a)** Category (See Categories listed at the top of this schedule) **(b)** Description (If travel outside of Texas, complete Schedule T)
Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation

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
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1 PAGE # Schedule: 3/4 Report: 5/6		2 FILER NAME Limberg, Kim (Mrs.)		3 ACCOUNT # (TEC filers) 00065536	
4 Date 12/13/2011	5 Payee name League of Conesevation Voters				
6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1920 L Street, NW Suite 800 Washington, DC 20038				
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 11/28/2011	Payee name Mothers Against Drunk Driving				
Amount (\$) \$5.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 511 E. John Carpenter Freeway Suite 700 Irving, TX 75062				
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 08/02/2011	Payee name Obama for America, Inc.				
Amount (\$) \$10.00 <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		
Date 11/17/2011	Payee name Obama for America, Inc.				
Amount (\$) \$10.00 <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		

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1 PAGE # Schedule: 4/4 Report: 6/6	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
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4 Date 09/19/2011	5 Payee name Special Olympics - Texas
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6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 7715 Chevy Chase Drive Suite 120 Austin, TX 78752
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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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