

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 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Kim	MI
	NICKNAME	LAST Limberg	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address	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	2013
	THROUGH		
	12	31	2013
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	
GO TO PAGE 2			

OFFICE USE ONLY

Date Received

JAN 15 2014

City Secretary's Office

Date Hand-delivered or Date Postmarked

#D 1/15/14 4:45pm

Receipt #

Amount

Date Processed

Date Imaged

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. ..

<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

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	\$	278.00
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 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 15th day of January, 2014, to certify which, witness my hand and seal of office.

J 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: 1/3 Report: 3/5	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
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4 Date 10/15/2013	5 Payee name CARE
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6 Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code P. O. Box 7039 Merrifield, VA 22116
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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 12/31/2013	Payee name CARE
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Amount (\$) \$10.00 <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 11/24/2013	Payee name Catholic Campaign For Human Development
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Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3211 Fourth Street, NE Washington, DC 20017
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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 12/31/2013	Payee name Democratic National 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**

SCHEDULE G

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | 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
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4 Date 10/31/2013	5 Payee name Environmental Defense Fund
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6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1875 Connecticut Avenue, NW Suite 600 Washington, DC 20009
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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 07/06/2013	Payee name Food & Water Watch
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Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1616 P. Street NW Suite 300 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 10/15/2013	Payee name League of Conservation Voters
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Amount (\$) \$33.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1920 L Street, NW Suite 800 Washigton, DC 20038
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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 07/06/2013	Payee name Special Olympics - Texas
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Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 7715 Chevy Chase Drive Suite 120 Austin, TX 78752
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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
Event Expense
Fees

Gifts/Awards/Memorial Expense
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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)

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1 PAGE # Schedule: 3/3 Report: 5/5	2 FILER NAME Limberg, Kim (Mrs.)	3 ACCOUNT # (TEC filers) 00065536
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4 Date 12/06/2013	5 Payee name State Democratic Party
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6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code St. Cloud, MN
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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 12/18/2013	Payee name State Democratic Party
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Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code St. Cloud, MN
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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 11/13/2013	Payee name World Vision
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Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 9716 Federal Way, WA 98063-9716
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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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