

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)	2 Total pages filed: 9
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3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) / MR (MRS) FIRST LINDA MI L NICKNAME LAST SUFFIX KOOP	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6757 ARA PAHO SUITE 711-245 DALLAS, TX 75248	Date Received
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 385 - 9991	Date Hand-delivered or Date Postmarked
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6 CAMPAIGN TREASURER NAME	MS / MRS / (MR) FIRST ARTHUR MI W NICKNAME LAST SUFFIX HOLLINGSWORTH	Receipt # Amount Date Processed Date Imaged
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE ONE GALLERIA TOWER - SUITE 2210 DALLAS TX 75240
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CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 702 - 7390
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9 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 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)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 29 / 05 04 / 27 / 05
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11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05 / 07 / 05
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12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) NA DALLAS CITY COUNCIL DISTRICT 11
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14 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 <input type="checkbox"/> additional pages
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GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

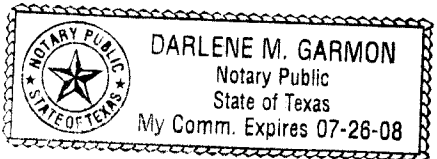
FORM C/OH COVER SHEET PG 2

15 C/OH NAME <p style="text-align: center;">LINDA LEE KOOP</p>	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- 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 NAME
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,150 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,885 ⁸⁵
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,685 ⁴²
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3 000 ⁰⁰

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Linda L. Koop, this the 25th day of April, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Darlene M Garmon
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME LINDA LEE KOOP		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEE ATTACHMENT	7 Amount of contribution (\$) \$12,150⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2 PAGES			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Linda Lee Koop Campaign Contributions
Schedule A
04-27-05

Acceptance Date	Amount	Name (Check)		Address	City	ST	ZIP
04/13/05	\$25.00	Rev. H. Noel Bryant Frances Marie Bryant	6111	Northaven Rd.	Dallas	TX	75230
04/13/05	\$200.00	Fred A or Patricia G. Williams	6515	Westgate Drive	Dallas	TX	75254
04/13/05	\$100.00	Jim Schauhnessy	3106	Shadow Dr. W	Arlington	TX	76006
04/13/05	\$100.00	Forrest Smith	3232	McKinney Ave	Dallas	TX	75204
04/13/05	\$50.00	Marty Marks	5829	Preston Valley Dr	Dallas	TX	75240
04/13/05	\$50.00	Ronald McFadden	5555	Spring Valley Rd	Dallas	TX	75254
04/13/05	\$1,000.00	The Real Estate Council Community leadership Committee	8117	Preston Road	Dallas	TX	75225
04/13/05	\$500.00	Texans Credit Union	PO	Box 853912	Richardson	TX	75085
04/11/05	\$100.00	Lynn Haire Smith Jay Smith	14	Downs Lake Circle	Dallas	TX	75230
04/11/05	\$250.00	Mr. or Mrs J.J. Collmer	5525	Westgrove Dr	Dallas	TX	75248
04/11/05	\$350.00	Dallas Retired Fire Fighters Assoc	1727	Auburn Dr	Carrollton	TX	75007
04/11/05	\$50.00	Andrew M. Stern	5420	LBJ Freeway	Dallas	TX	75240
04/11/05	\$250.00	Winfred Parnell, MD Deborah Parnell	6734	Talmadge Ln	Dallas	TX	75230
04/11/05	\$950.00	Dave Andres	Frisco Office		Frisco	TX	75034
04/11/05	\$25.00	LaRhonda R Sayles	3916	Matthew Lane	Carrollton	TX	75007
04/11/05	\$100.00	Marsha Gutow	PO Box	398936	Dallas	TX	75339
04/06/05	\$500.00	Godwin Gruber, LLP	Renaissanc e Tower 1201	Elm Street	Dallas	TX	75270
04/06/05	\$500.00	Christine C. Reseigh Chrisopher E. Reseigh	3230	History Drive	Oakton	VA	22124
04/06/05	\$25.00	F.M. Clark Ann Lipp	6800	Del Norte	Dallas	TX	75225
04/11/05	\$100.00	Davis-Lipscomp	321	King	Beaufort	SC	29901
04/15/05	\$25.00	Kathryn D Waters	1520	N Berkley Ave	Dallas	TX	75208
04/15/05	\$25.00	Sue Bauman	4511	Emerson	Dallas	TX	75205
04/15/05	\$25.00	John W. or Wanda J. Schafer	5908	Monterrey Dr	Fort Worth	TX	76112
04/15/05	\$25.00	RL Ruddell Sherry L Ruddell	1600	E Lancaster	Fort Worth	TX	76102
04/15/05	\$50.00	C. Scott Perry Mandi A. Perry	2547	Shupe Ct.	Irving	TX	75060
04/15/05	\$25.00	Wendy A. Lopez	507	Monssen Dr.	Dallas	TX	75224

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1054
2 FILER NAME LINDA LEE KOOP		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-7-05	5 Payee name BOOKER INDUSTRIES 6 Payee address; City; State; Zip Code 5415 MAPLE AVE SUITE 230 DALLAS, TX 75235	7 Amount (\$) \$ 2,205 ⁹¹
8 Purpose of payment (See instructions regarding type of information required.) POSTAGE & MAILERS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-8-05	Payee name PIP PRINTING Payee address; City; State; Zip Code 7734 FOREST LANE DALLAS, TX 75230	Amount (\$) \$ 97 ⁴²
Purpose of payment (See instructions regarding type of information required.) PRINTING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-8-05	Payee name PAT COTTON Payee address; City; State; Zip Code 10411 GODDING DRIVE DALLAS, TX 75229	Amount (\$) \$ 5,000 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) POLITICAL CONSULTING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-8-05	Payee name CHIMNEY HILL Payee address; City; State; Zip Code HOME OWNER ASSOCIATION DALLAS, TX 75248	Amount (\$) 50 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 4
2 FILER NAME LINDA LEE KOOP		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-12-05	5 Payee name CHARACTERS 6 Payee address; City; State; Zip Code SUITE 305 2200 N. LAMAR DALLAS, TX 75202	7 Amount (\$) 525 ²³
8 Purpose of payment (See instructions regarding type of information required.) SIGNS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-13-05	Payee name A + STUDENT STAFFING, INC Payee address; City; State; Zip Code 4235 WEST LOVERS LANE DALLAS, TX 75209	Amount (\$) 105 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) OFFICE HELP		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-15-05	Payee name BOOKER INDUSTRIES Payee address; City; State; Zip Code 5415 MAPLE AVE SUITE 230 DALLAS, TX 75235	Amount (\$) 3177 ⁷²
Purpose of payment (See instructions regarding type of information required.) POSTAGE & MAILINGS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-22-05	Payee name BOOKER INDUSTRIES Payee address; City; State; Zip Code 5415 MAPLE AVE SUITE 230 DALLAS, TX 75235	Amount (\$) 216 ⁵⁰
Purpose of payment (See instructions regarding type of information required.) POSTAGE & MAILINGS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		000007

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 3 of 4

2 FILER NAME LINDA LEE KOOP 3 ACCOUNT # (Ethics Commission filers)

4 Date 5 Payee name BOOKER INDUSTRIES 7 Amount (\$) 3967.14
6 Payee address; City; State; Zip Code 5415 MAPLE AVE SUITE 230 DALLAS, TX 75235

8 Purpose of payment (See instructions regarding type of information required.) POSTAGE & MAILING 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 4-23-05 Payee name LINDA KOOP Amount (\$) 148.64
Payee address; City; State; Zip Code 15210 LEAF LANE DALLAS TX 75248

Purpose of payment (See instructions regarding type of information required.) MISC OFFICE SUPPLIES ETC -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 4-23-05 Payee name PIP PRINTING Amount (\$) 182.94
Payee address; City; State; Zip Code 7734 FOREST LANE DALLAS, TEXAS 75230

Purpose of payment (See instructions regarding type of information required.) MAILINGS -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date Payee name Amount (\$)
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.) -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4 of 4
2 FILER NAME LINDA LEE KOOP		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-6-05	5 Payee name US POSTAL SERVICE 6 Payee address; City; State; Zip Code THE POSTAL STORE INTERNET / 8300 NE UNDERGROUND KANSAS CITY, MO 64144	7 Amount (\$) \$76.80
8 Purpose of payment (See instructions regarding type of information required.) POSTAGE STAMPS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-15-05	Payee name GEIGER MIDSOUTH Payee address; City; State; Zip Code MT HOPE AVE BOX 1609 LEMISTON, ME 04240	Amount (\$) \$132.50
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name L Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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