

**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
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR FIRST MI LINDA L NICKNAME LAST SUFFIX KOOP	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 794042 DALLAS, TX 75379		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 385-9991		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI ARTHUR W NICKNAME LAST SUFFIX HOLLINGSWORTH		
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		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 702-7390		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 07 12 / 31 / 07		
11 ELECTION	ELECTION DATE Month Day Year / / 	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL PLACE 11	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME LINDA LEE KOOP 16 ACCOUNT # (Ethics Commission Filers)

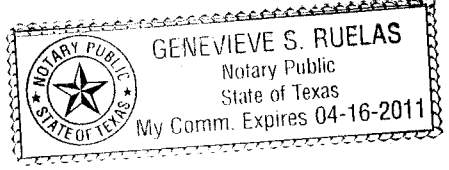
17 NOTICE FROM POLITICAL COMMITTEE(S)
additional pages

Committee information fields: COMMITTEE TYPE (GENERAL, SPECIFIC), COMMITTEE NAME, COMMITTEE ADDRESS, COMMITTEE CAMPAIGN TREASURER NAME, COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS
EXPENDITURE TOTALS
CONTRIBUTION BALANCE
OUTSTANDING LOAN TOTALS

Table with 3 columns: Item description, Amount, Total. Rows include: 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS... \$ 0; 2. TOTAL POLITICAL CONTRIBUTIONS... \$ 750.00; 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS... \$ 0; 4. TOTAL POLITICAL EXPENDITURES... \$ 13,577.88; 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD... \$ 36,471.95; 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD... \$ 7000.00

19 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.

Signature of Candidate or Officeholder (Handwritten signature of Linda L. Koop)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda L. Koop, this the 3 day of January, 20, to certify which, witness my hand and seal of office.

Genevieve S Ruelas (Signature) Genevieve S. Ruelas (Printed name) Notary (Title)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
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 ATTACHED	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1 PAGE		(If travel outside of Texas, complete Schedule T)	
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.

Linda Koop Campaign Cotribution
Schedule A
12-31-07

08-5035

Amount	Name (Check)		Address				PAC Title	Acceptance Date
\$500.00	Freese and Nichols PAC	4055	International Plaza	200	Fort Worth	TX 76109	Freese and Nichols PAC	08/04/07
\$250.00	George V. Marks, Jr. Elizabeth G. Chappell-Marks	4629	Shell Court		Plano	TX 75093- 7144		08/18/07

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

LINDA LEE KOOP

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-04-07

5 Payee name

LINDA KOOP

7 Amount (\$)

\$ 11,000⁰⁰

6 Payee address;

City: State: Zip Code
15210 LEAFY LN
DALLAS TX 75248

8 Purpose of payment (See instructions regarding type of information required.)

REPAYMENT OF LOAN TO
CAMPATGN
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

10-14-07

Payee name

VERIZON WIRELESS

Amount (\$)

\$ 176²⁷

Payee address;

City: State: Zip Code
1000 JETER AVENUE
OPELIKA, AL 36803

Purpose of payment (See instructions regarding type of information required.)

PHONE SERVICES
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

11-02-07

Payee name

UNITED STATES POSTAL SERVICE

Amount (\$)

\$ 92⁰⁰

Payee address;

City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

POST OFFICE BOX -
YEARLY FEE
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

11-11-07

Payee name

VERIZON WIRELESS

Amount (\$)

\$ 112⁰⁶

Payee address;

City: State: Zip Code
PO BOX 105378
ATLANTA, GA 30348

Purpose of payment (See instructions regarding type of information required.)

PHONE SERVICES
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

LINDA LEE KOOP

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-03-07

5 Payee name

NANCY NATINSKY

7 Amount (\$)

\$43³⁷

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

HOMEOWNER PRESIDENTS
BREAKFAST - PARTIAL PAYMENT
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-21-07

Payee name

VERIZON WIRELESS

Amount (\$)

\$113¹¹

Payee address; City; State; Zip Code

P.O. BOX 105378
ATLANTA GA 30348

Purpose of payment (See instructions regarding type of information required.)

PHONE SERVICES
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-21-07

Payee name

NORTH DALLAS CHAMBER OF COMMERCE

Amount (\$)

\$368⁰⁰

Payee address; City; State; Zip Code

P O BOX 671168
DALLAS TX 75267-1168

Purpose of payment (See instructions regarding type of information required.)

ANNUAL MEMBERSHIP DUES
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-22-07

Payee name

LINDA KOOP

Amount (\$)

401³⁵

Payee address; City; State; Zip Code

15210 LEAFY LN
DALLAS TX 75248

Purpose of payment (See instructions regarding type of information required.)

CHECK TO SELF FROM
CAMPAIGN. SEE SCHEDULE G FOR
EXPENDITURES
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME LINDA LEE KOOP		3 ACCOUNT # (Ethics Commission filers)
4 Date 07-01-07	5 Payee name OFFICE DEPOT	7 Amount (\$) \$ 107 89
6 Payee address; City; State; Zip Code 5301 BELTLINE ROAD SUITE 108 DALLAS TX 75235		
8 Purpose of payment (See instructions regarding type of information required.) PRINTER CARTRIDGES <small>(If travel outside of Texas, complete Schedule T)</small>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 09-08-07	Payee name USPS PRESTON WOOD STATION	Amount (\$) \$ 41 60
Payee address; City; State; Zip Code DALLAS, TX 75248-9998		
Purpose of payment (See instructions regarding type of information required.) STAMPS <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 09-17-07	Payee name CELLULAR SERVICE PRESTON	Amount (\$) 432 99
Payee address; City; State; Zip Code 14760 PRESTON RD STE 12 DALLAS TX 75254-6821		
Purpose of payment (See instructions regarding type of information required.) PURCHASE PHONE SERVICES <small>(If travel outside of Texas, complete Schedule T)</small>		-- 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME **LINDA LEE KOOP**

3 ACCOUNT # (Ethics Commission filers)

4 Date 08-02-07 BTMLK 09-06-07	5 Payee name: LA MADELEIME 6 Payee address; City: State; Zip Code 11930 PRESTON ROAD DALLAS TX 75230	8 Amount (\$) \$ 12⁹⁵ <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) BREAKFAST WITH COMMUNITY LEADER (If travel outside of Texas, complete Schedule T)		

Date 09-07-07	Payee name LA MADELEIME Payee address; City: State; Zip Code 11930 PRESTON ROAD DALLAS TX 75230	Amount (\$) \$ 8⁶³ <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) BREAKFAST WITH COMMUNITY LEADER (If travel outside of Texas, complete Schedule T)		

Date 09-15-07	Payee name VALET PARKING Payee address; City: State; Zip Code	Amount (\$) \$ 10⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) PARKING AT ASIAN AMERICAN EVENT (If travel outside of Texas, complete Schedule T)		

Date 10-25-07	Payee name STANDARD PARKING Payee address; City: State; Zip Code	Amount (\$) 3⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) PARKING AT EVENT (If travel outside of Texas, complete Schedule T)		

Date 10-11-07	Payee name ASIAN MINT Payee address; City: State; Zip Code 11617 N CENTRAL EXPY DALLAS TX 75243	Amount (\$) 16⁷⁸ <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) LUNCH WITH COMMUNITY LEADER (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

LINDA LEE KOOP

3 ACCOUNT # (Ethics Commission filers)

4 Date 10-07-07	5 Payee name OFFICE DEPOT	8 Amount (\$) \$ 21 ⁵⁶
	6 Payee address; City: State; Zip Code 153 PASEO DE PARALTA SANTA FE NM 87501	
7 Purpose of expenditure (See instructions regarding type of information required.) MEMORY STICK FOR COMPUTER (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 10-23-07	Payee name GREEK ORTHODOX CHURCH	Amount (\$) 213 ⁰⁰
	Payee address; City: State; Zip Code 13555 HILCREST ROAD DALLAS, TX 75240	
Purpose of expenditure (See instructions regarding type of information required.) FACILITY RENTAL (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 10-22-07	Payee name SAV RENTAL	Amount (\$) 75 ⁷⁸
	Payee address; City: State; Zip Code 1000 2 TH STREET PLANO, TX 75074	
Purpose of expenditure (See instructions regarding type of information required.) AUDIO VISUAL RENTAL (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 11-06-07	Payee name GREENZ	Amount (\$) \$ 35 ⁵⁶
	Payee address; City: State; Zip Code 11661 PRESTON ROAD DALLAS TX	
Purpose of expenditure (See instructions regarding type of information required.) LUNCH WITH STAFF (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 12-10-07	Payee name LA MADELEINE	Amount (\$) \$ 4 ⁰⁹
	Payee address; City: State; Zip Code 3806 LEMMON AVE #110 DALLAS TX 75219	
Purpose of expenditure (See instructions regarding type of information required.) COFFEE WITH COMMUNITY LEADER (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED