

085036

# 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: <b>7</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR FIRST MI <b>LINDA L</b>	OFFICE USE ONLY Date Received <b>2008 JUN 17 PM 1:00</b> CITY SECRETARY DALLAS, TEXAS
	NICKNAME LAST SUFFIX <b>IKOOP</b>	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>PO BOX 794042 DALLAS TX 75379</b>	Date Hand-delivered or Date Postmarked
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(972) 385 9991</b>	Receipt # Amount
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>ARTHUR W</b>	Date Processed Date Imaged
	NICKNAME LAST SUFFIX <b>HOLLINGSWORTH</b>	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>ONE GALLERIA TOWER SUITE 2210 DALLAS TX 75240</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(972) 702 7390</b>
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9 REPORT TYPE	<input 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 checked="" 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)
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10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01 / 01 / 08    06 / 30 / 08</b>
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11 ELECTION	ELECTION DATE Month Day Year <b>  /  /  </b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any) <b>CITY COUNCIL PLACE 11</b>	13 OFFICE SOUGHT (if known)
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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

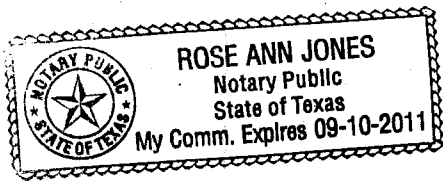
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME  
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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1423 <sup>90</sup> / <sub>100</sub>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35048 <sup>05</sup> / <sub>100</sub>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7000 <sup>00</sup> / <sub>100</sub>

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.

Linda L. Koop  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda L. Koop, this the 17<sup>th</sup> day of June, 2008, to certify which, witness my hand and seal of office.

Rose Ann Jones  
Signature of officer administering oath

Rose Ann Jones  
Printed name of officer administering oath

Notary  
Title of officer administering oath

085036

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME LINDA LEE KOOP

3 ACCOUNT # (Ethics Commission filers)

1093

4 Date 01-10-08

5 Payee name NCJC

6 Payee address; City; State; Zip Code  
6025 Royal Ln. #219-9  
DALLAS, TX. 75230

7 Amount (\$) \$54.00

8 Purpose of payment (See instructions regarding type of information required.)  
DINNER AT CIVIC EVENT  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

1094

Date 01-12-08

Payee name VERIZON WIRELESS  
Payee address; City; State; Zip Code  
PO BOX 105378  
ATLANTA GA 30348

Amount (\$) \$113.04

Purpose of payment (See instructions regarding type of information required.)  
WIRELESS SERVICES  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

1095

Date 01-24-08

Payee name NANCY NATIMSKY  
Payee address; City; State; Zip Code  
5501 PRESTWICK LN.  
DALLAS, TX. 75252

Amount (\$) \$89.91

Purpose of payment (See instructions regarding type of information required.)  
HOMEOWNER ASSOC. EVENT  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

1094

Date 02-8-08

Payee name THE DALLAS SUMMIT  
Payee address; City; State; Zip Code  
The Bradley Group Inc.  
11311 N. CENTRAL EXPW. #201  
DALLAS, TX. 75243

Amount (\$) \$150.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME

LINDA LEE KOOP

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

VERIZON WIRELESS

7 Amount (\$)

02-14-08

6 Payee address;

City; State; Zip Code

PO BOX 105378  
ATLANTA GA 30348

\$ 124 <sup>16</sup>

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

WIRELESS SERVICES  
(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

Payee name

VERIZON WIRELESS

Amount (\$)

03-14-08

Payee address;

City; State; Zip Code

PO BOX 105378  
ATLANTA, GA 30348

\$ 112 <sup>99</sup>

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

WIRELESS 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

Payee name

NANCY NATINSKY

Amount (\$)

03-25-08

Payee address;

City; State; Zip Code

5501 PRESTWICK LN.  
DALLAS, TX. 75252

\$ 46 <sup>49</sup>

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

HOMEOWNER ASSOC. EVENT  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Payee name

VERIZON WIRELESS

Amount (\$)

04-28-08

Payee address;

City; State; Zip Code

PO BOX 105378  
ATLANTA, GA 30348

\$ 284 <sup>65</sup>

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

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

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

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1099

1100

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **LINDA LEE KOOP**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**05-16-08**

5 Payee name  
**VERIZON WIRELESS**  
6 Payee address; City; State; Zip Code  
**PO BOX 105378  
ATLANTA GA 30348**

7 Amount (\$)  
**\$ 112 <sup>83</sup>**

8 Purpose of payment (See instructions regarding type of information required.)  
**WIRELESS SERVICES**  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

1102  
Date  
**06-03-08**

Payee name  
**CAFE DE FRANCE**  
Payee address; City; State; Zip Code  
**17370 PRESTON ROAD  
# 505  
DALLAS, TX 75252**

Amount (\$)  
**53 <sup>33</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**HOMEOWNER PRESIDENT'S EVENT**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**06-12-08**

Payee name  
**LINDA KOOP**  
Payee address; City; State; Zip Code  
**15210 LEAFY LN  
DALLAS TX 75240**

Amount (\$)  
**17 <sup>71</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**MISC. EXPENDITURES**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

1104  
Date  
**06-12-08**

Payee name  
**VERIZON WIRELESS**  
Payee address; City; State; Zip Code  
**PO BOX 105378  
ATLANTA GA 30348**

Amount (\$)  
**193 <sup>37</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**WIRELESS SERVICES**  
(If travel outside of Texas, complete Schedule T)

\*\* 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: <b>4</b>
2 FILER NAME <b>LINDA LEE KOOP</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>03-01-08</b>	5 Payee name <b>OFFICE DEPOT</b>	7 Amount (\$) <b>\$ 71.42</b>
6 Payee address; City; State; Zip Code <b>5301 BELTLINE ROAD #108 DALLAS TX 75235</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>PRINTER CARTRIDGES</b> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME LINDA LEE KOOP

3 ACCOUNT # (Ethics Commission filers)

4 Date 02-26-08	5 Payee name LA MADELEINE	8 Amount (\$) \$4 09
	6 Payee address; City: State; Zip Code 11930 PRESTON ROAD DALLAS TX 75230	
7 Purpose of expenditure (See instructions regarding type of information required.) COFFEE WITH VOLUNTEER (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 02-24-08	Payee name LA MADELEINE	Amount (\$) \$ 1 94
	Payee address; City: State; Zip Code 11930 PRESTON ROAD	
Purpose of expenditure (See instructions regarding type of information required.) COFFEE WITH CIVIC GROUP (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 05-04-08	Payee name WESTIN HOTEL GALERIA	Amount (\$) 10 00
	Payee address; City: State; Zip Code 13340 DALLAS PARKWAY DALLAS TX 75240	
Purpose of expenditure (See instructions regarding type of information required.) PARKING AT CIVIC EVENT (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 06-05-08	Payee name PANERA BREAD	Amount (\$) 1 68
	Payee address; City: State; Zip Code 5325 BELTLINE ROAD DALLAS TX 75254	
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

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

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