

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

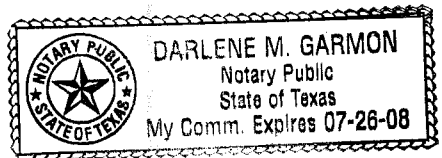
FORM C/OH COVER SHEET PG 2

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

17 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political expenditures by political committees to support the candidate / officeholder. ... COMMITTEE TYPE: GENERAL, SPECIFIC. COMMITTEE NAME, ADDRESS, CAMPAIGN TREASURER NAME, ADDRESS.

Table with 6 rows: CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns: Description, Amount.

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 (Linda L. Koop)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda L Koop, this the 1st day of MAY, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath (Darlene M. Garmon)

Printed name of officer administering oath (Darlene M Garmon)

Title of officer administering oath (Notary)

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 SEE ATTACHED 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) 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 out-of-state PAC (ID#:) Amount of contribution (\$) In-kind contribution description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) In-kind contribution description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) In-kind contribution description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)

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 Lee Koop Campaign Contribution
Schedule A
04-30-07

Amount	Name (Check)	Address						PAC Title	Acceptance Date
\$50.00	Mrs. F.B. Goldman	4030		Grassmere	Dallas Tx	75205		04/14/07	
\$500.00	Lucy C. Billingsley	4100		International Pkwy	1100 Carrollton Tx	75007		04/14/07	
\$100.00	Howard and Lois Wolf	24		St.Laurant Place	Dallas TX	75225-8129		04/14/07	
\$200.00	Thomas M. Dunning	717	N	Harwood	2500 Dallas Tx	75201		04/14/07	
\$500.00	The Real Estate Council Community leadership Committee	5430		LBJ Frwy	100 Dallas TX	75240		04/14/07	
\$500.00	Jackson Walker L.L.P. Political Action Committee	901		Main St	6000 Dallas Tx	75202		04/14/07	
\$250.00	Dallas Police Officers PAC	1412		Griffin St East	Dallas TX	75215		04/14/07	
\$500.00	CH2M Hill texas PAC	12377		Merit Dr 10th floor	Dallas TX	75251	CH2M Hill Texas PAC	04/14/07	
\$500.00	Mr. or Mrs Lee Drain	6411		Clubhouse Cir	Dallas TX	75240-5444		04/14/07	
\$50.00	Alan Jay Rubin	7455		Malabar Ln	Dallas Tx	75230		04/14/07	
\$1,500.00	Dallas Fire Fighters Public Safety Committee	PO		BOX 225437	Dallas TX	75222-5437		04/14/07	
\$25.00	Ginny Walker	10437		Shadow Bend	Dallas Tx	75230		04/14/07	
\$100.00	V. Clesi Jr. or J. Clesi	11743		El Hara Cr.	Dallas Tx	75230		04/27/07	
\$250.00	Caye Cook & Associates	5846		Milton St	617 Dallas Tx	75206		04/27/07	
\$110.00	Mr. Richard C Harvey or Jolynne Harvey	7148		Briar Cove Dr	Dallas Tx	75254-2706		04/27/07	
\$200.00	Dallas Retired Fire Fighters Assoc	1727		Auburn Dr	Carrollton TX	75007		04/27/07	
\$5,335.00									

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

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

4 Date 04-03-07 5 Payee name STRING BEAN 6 Payee address; City: State; Zip Code 7879 SPRING VALLEY DALLAS, TX 75254 7 Amount (\$) \$ 27 45

8 Purpose of payment (See instructions regarding type of information required.) LUNCH with Coit CORNER POLICY GROUP (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 04-23-07 Payee name BOOKER INDUSTRIES Payee address; City: State; Zip Code 5415 MAPLE AVE SUITE 230 DALLAS TX 75235 Amount (\$) \$ 5,217 36

Purpose of payment (See instructions regarding type of information required.) MAILING, printing + POSTAGE (If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 04-27-07 Payee name LINDA KOOP Payee address; City: State; Zip Code 15210 LEAFY LN DALLAS TX 75248 Amount (\$) \$ 7 59

Purpose of payment (See instructions regarding type of information required.) items listed individually on PAGE one of Schedule G (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 Payee address; City: State; Zip Code Amount (\$)

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
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2 FILER NAME LINDA LEE KOOP	3 ACCOUNT # (Ethics Commission filers)
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4 Date 04-12-07	5 Payee name SCHLOTZSKY DELI	6 Payee address; City: State; Zip Code AUSTIN - BERGSTROM AIRPORT AUSTIN TX	8 Amount (\$) \$ 4 21
7 Purpose of expenditure (See instructions regarding type of information required.) Meal at Austin Airport (If travel outside of Texas, complete Schedule T)			<input type="checkbox"/> Reimbursement from political contributions intended

Date 04-03-07	Payee name LA MADELEINE	Payee address; City: State; Zip Code 8319 PRESTON RD DALLAS TX 75225	Amount (\$) \$ 3 38
Purpose of expenditure (See instructions regarding type of information required.) COFFEE WITH CONSTITUENT (If travel outside of Texas, complete Schedule T)			<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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