

# 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:  <div style="font-size: 2em; text-align: center;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">LINDA</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">K O O P</div>	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 2em; text-align: center; opacity: 0.5;">RECEIVED</div> 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 <div style="text-align: center; font-size: 1.2em;">6757 ARAPAHO SUITE 711-245 DALLAS, TX      75248</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(972)      385-4991</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST      MI <div style="text-align: center; font-size: 1.5em;">ARTHUR</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">HOLLINGSWORTH</div>	<b>OFFICE USE ONLY</b>  Date Received Date Hand-delivered or Date Postmarked Receipt #      Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="text-align: center; font-size: 1.2em;">ONE GALLERIA TOWER SUITE 2210 DALLAS TX      75240</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(972)      702-7390</div>		
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 checked="" 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)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <div style="font-size: 1.5em;">04 / 28 / 05      THROUGH      06 / 30 / 05</div>		
11 ELECTION	ELECTION DATE Month      Day      Year <div style="font-size: 1.5em;">5 / 7 / 05</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE  OFFICE HELD (if any) <div style="font-size: 1.5em;">City Council - Place 11</div>	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)

\*\* 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

additional pages

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)

\$

6500<sup>00</sup>

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

22,617<sup>32</sup>

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

3568<sup>10</sup>

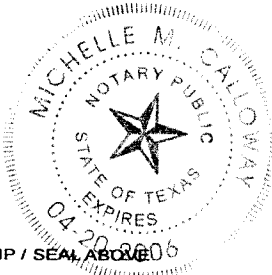
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

3000<sup>00</sup>

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda L. Koop, this the 5<sup>th</sup> day of July, 2005, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
Michelle M. Calloway 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: <b>3</b>	
2 FILER NAME <b>LINDA LEE KOOP</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEE ATTACHED</b>	7 Amount of contribution (\$) <b>\$6,500<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2 PAGES</b>			
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.

**000003**

Linda Lee Koop Campaign Contributions  
Schedule A  
06-30-05

043141

Amount	Name (Check)		Address	City	St	ZIP
\$50.00	Don Carroll	7108	Briar Meadow Drive	Dallas	TX	75230
\$400.00	Donald J. MCNanara	3232	McKinney Ave	Dallas	TX	75204
\$500.00	Howard H. Okon	4433	N Hall St.	Dallas	TX	75219
\$100.00	Neal D. Sleeper	3324	Blackburn Street	Dallas	TX	75204
\$500.00	Joann Messina	6234	La Cosa Dr.	Dallas	TX	75248
	Daniel Messina					
\$25.00	Ronald M. Kaim	9150	Chiminey Corner	Dallas	TX	75243
\$25.00	Douglas L or Valerie P Jarvie	6707	Glenhurst Dr	Dallas	TX	75254
\$100.00	Barbara Steele	1924	Lanark Ave	Dallas	TX	75203
\$200.00	M. J. Rodriguez, D.D.S.	5939	Meadow Crest	Dallas	TX	75230
	K. S. Rodriguez					
\$100.00	Katharine Neary	12143	Lueder Ln.	Dallas	TX	75230
\$1,000.00	B. Neill	3629	Greenbrier Drive	Dallas	TX	75225
	J. Neill					
\$250.00	Herschel V. Forester	10007	Hollow Way	Dallas	TX	75229
	or Sally R. Forester					
\$250.00	J. P. Morgan Chase & Co. PAC	270	Park Avenue	New York	NY	10017
\$200.00	Amalgamated Transit Union Cope Account - Voluntary Fund	5025	Wisconsin Ave., N.W.	Washington	DC	20016
\$100.00	Edward J. Campbell	PO Box 710609		Dallas	TX	75317
\$50.00	Shirley B. Miller	6039	Norway Rd	Dallas	TX	75230
\$250.00	Ross L. or Lois G. Finkelman	11437	W Ricks Cir	Dallas	TX	75230
\$100.00	W. Joseph or Cindy Alexander	4221	Caruth Blvd	Dallas	TX	75225
\$500.00	John Field Scovell	6322	De Loache	Dallas	TX	75225
	Diane King Scovell					
\$100.00	Rosalee Cohen	12001	Whitman Ln	Dallas	TX	75230
\$100.00	Oliver & Associates	PO Box	45673	Dallas	TX	75245
\$100.00	Frederick A. Halstead Or Donna D Halstead	9508	Fieldcrest Dr.	Dallas	TX	75238

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 7
2 FILER NAME LINDA LEE KOOP		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-28-05	5 Payee name PIP PRINTING 6 Payee address; City; State; Zip Code 7734 FOREST LANE DALLAS TX 75230	7 Amount (\$) 259 <sup>80</sup>
8 Purpose of payment (See instructions regarding type of information required.) PRINTING		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-28-05	Payee name BOOKER INDUSTRIES Payee address; City; State; Zip Code 5415 MAPLE AVE SUITE 230 DALLAS, TX 75235	Amount (\$) 341 <sup>72</sup>
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 4-28-05	Payee name A + STUDENT STAFFING INC Payee address; City; State; Zip Code 4235 WEST LOVERS LANE DALLAS, TX 75205	Amount (\$) 108 <sup>75</sup>
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 4-28-05	Payee name BOOKER INDUSTRIES Payee address; City; State; Zip Code 5415 MAPLE AVENUE SUITE 230 DALLAS, TX 75235	Amount (\$) 439 <sup>54</sup>
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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		000006

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>7</b>
2 FILER NAME <b>LINDA LEE KOOP</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4-28-05</b>	5 Payee name <b>GEIGER MIDSOUTH</b>	7 Amount (\$) <b>175<sup>53</sup> —</b>
6 Payee address; City; State; Zip Code <b>PO BOX 712144 CINCINNATI, OH 45271-2144</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN NOVELTIES</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4-28-05</b>	Payee name <b>PAINTER COMMUNICATIONS</b>	Amount (\$) <b>3,455<sup>14</sup> —</b>
Payee address; City; State; Zip Code <b>1 MARKET STREET #650 CAMDEN, NJ 08102</b>		
Purpose of payment (See instructions regarding type of information required.) <b>PHONE BANK</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>5-1-05</b>	Payee name <b>COMMERCIAL PRINTING, INC</b>	Amount (\$) <b>1558<sup>80</sup> —</b>
Payee address; City; State; Zip Code <b>2822 CENTURY STREET DALLAS, TX 75220</b>		
Purpose of payment (See instructions regarding type of information required.) <b>SIGNS</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>5-5-05</b>	Payee name <b>PAINTER COMMUNICATIONS</b>	Amount (\$) <b>373<sup>28</sup> —</b>
Payee address; City; State; Zip Code <b>1 MARKET STREET #650 CAMDEN NJ 08102</b>		
Purpose of payment (See instructions regarding type of information required.) <b>PHONE BANK</b>		9 -- 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: <b>7</b>
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2 FILER NAME <b>LINDA LEE KOOP</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <b>5-5-05</b>	5 Payee name <b>CHARACTERS</b>	7 Amount (\$) <b>\$ 5,522<sup>93</sup></b>
6 Payee address; City; State; Zip Code <b>2200 NORTH LAMAR SUITE 305 DALLAS, TX 75202</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>GRAPHIC DESIGN</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>5-6-05</b>	Payee name <b>SBC</b>	Amount (\$) <b>\$ 34<sup>86</sup></b>
Payee address; City; State; Zip Code <b>PO BOX 630047 DALLAS TX 75263</b>		

Purpose of payment (See instructions regarding type of information required.) <b>PHONE + internet service</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>5-11-05</b>	Payee name <b>LARK MONTGOMERY</b>	Amount (\$) <b>\$ 615<sup>65</sup></b>
Payee address; City; State; Zip Code <b>11526 RICK CIRCLE DALLAS TX 75230</b>		

Purpose of payment (See instructions regarding type of information required.) <b>FOOD FOR VOLUNTEER GATHERING</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>5-11-05</b>	Payee name <b>BOOKER INDUSTRIES</b>	Amount (\$) <b>\$ 4446<sup>22</sup></b>
Payee address; City; State; Zip Code <b>5415 MAPLE AVENUE SUITE 230 DALLAS, TX 75235</b>		

Purpose of payment (See instructions regarding type of information required.) <b>MAILINGS</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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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: <span style="font-size: 2em;">7</span>
2 FILER NAME <span style="font-size: 1.5em;">LINDA LEE KOOP</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.5em;">5-16-05</span>	5 Payee name <span style="font-size: 1.5em;">A+ STUDENT STAFFING</span>	7 Amount (\$) <span style="font-size: 1.5em;">\$ 1,466<sup>25</sup></span>
6 Payee address; City; State; Zip Code <span style="font-size: 1.5em;">4235 WEST LOVERS LANE DALLAS TX 75205</span>		
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.5em;">OFFICE HELP</span>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.5em;">5-19-05</span>	Payee name <span style="font-size: 1.5em;">MURPHY TURNER ASSOCIATES</span>	Amount (\$) <span style="font-size: 1.5em;">\$ 2,521<sup>06</sup></span>
Payee address; City; State; Zip Code <span style="font-size: 1.5em;">816 CONGRESS AVENUE SUITE 1160 AUSTIN TX 78701</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.5em;">CONSULTING SERVICES</span>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.5em;">6-1-05</span>	Payee name <span style="font-size: 1.5em;">GEIGER MIDSOUTH</span>	Amount (\$) <span style="font-size: 1.5em;">(\$ 175<sup>53</sup>)</span>
Payee address; City; State; Zip Code <span style="font-size: 1.5em;">P.O. BOX 712144 CINCINNATI, OH 45271</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.5em;">INVOICE PAID TWICE - REBATE</span>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.5em;">5-30-05</span>	Payee name <span style="font-size: 1.5em;">A+ STUDENT STAFFING</span>	Amount (\$) <span style="font-size: 1.5em;">\$ 63<sup>75</sup></span>
Payee address; City; State; Zip Code <span style="font-size: 1.5em;">4235 WEST LOVERS LN DALLAS, TX 75205</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.5em;">OFFICE HELP</span>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		000009

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 7

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

4 Date 5-30-05 5 Payee name SBC 6 Payee address; City; State; Zip Code PO BOX 630047 DALLAS TX 75263 7 Amount (\$) \$24.00

8 Purpose of payment (See instructions regarding type of information required.) PHONE & internet service 9 \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Office held

Date 6-17-05 Payee name A-1 STUDENT STAFFING Payee address; City; State; Zip Code 4235 WEST LOVERS LN DALLAS TX 75204 Amount (\$) \$86.25

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 6-24-05 Payee name SBC Payee address; City; State; Zip Code PO BOX 630047 DALLAS, TX 75263 Amount (\$) \$27.92

Purpose of payment (See instructions regarding type of information required.) PHONE/FAX & INTERNET \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Office held

Date 6-24-05 Payee name LINDA KOOP Payee address; City; State; Zip Code 15210 LEAFY LN DALLAS TX 75248 Amount (\$) \$288.22

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 000010

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 7
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2 FILER NAME LINDA LEE KOOP	3 ACCOUNT # (Ethics Commission filers)
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4 Date 4-25-05	5 Payee name US POSTAL SERVICE	7 Amount (\$) \$ 222.00
6 Payee address; City; State; Zip Code RICHARDSON MPO RICHARDSON TX 75080		

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
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Date 4-29-05	Payee name US POSTAL SERVICE	Amount (\$) \$ 185.00
Payee address; City; State; Zip Code PRESTONWOOD STATION DALLAS TX 75248		

Purpose of payment (See instructions regarding type of information required.) POSTAGE STAMPS	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 5-3-05	Payee name OFFICE DEPOT	Amount (\$) \$ 38.95
Payee address; City; State; Zip Code 4949 BELTLINE DALLAS TX 75240		

Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 5-6-05	Payee name GM DESIGN	Amount (\$) \$ 195.65
Payee address; City; State; Zip Code 1710 N-135 CARROLTON, TX 75006		

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN NOVELTY ITEMS	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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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: <b>7</b>
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2 FILER NAME <b>LINDA LEE KOOP</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <b>5-18-05</b>	5 Payee name <b>OFFICE DEPOT</b>	7 Amount (\$) <b>\$ 11 <u>90</u></b>
6 Payee address; City; State; Zip Code <b>11615 NO. CENTRAL EXPWAY DALLAS TX 75243</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>OFFICE SUPPLIES</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>05-9-05</b>	Payee name <b>GEIGER MID SOUTH</b>	Amount (\$) <b>\$ 168 <u>12</u></b>
Payee address; City; State; Zip Code <b>PO BOX 712144 CINCINNATI, OH 45271</b>		

Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN NOVELTY ITEMS</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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