

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00069372	<b>2</b> Total pages filed: 9	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Linda L.	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/10/2025
	NICKNAME	LAST Koop	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 794042  Dallas, TX 75379			Date Hand-delivered or Date Postmarked
	Receipt #		Amount	Date Processed
	Date Imaged			Date Imaged
	Date Imaged			Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Linda L.	MI	
	NICKNAME	LAST Koop	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15210 Leafy Ln.  Dallas, TX 75248			
	AREA CODE PHONE NUMBER EXTENSION (214) 335-7243			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 335-7243			
<b>8</b> REPORT TYPE	<input checked="" 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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 12/31/2024	
<b>10</b> ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known)	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Koop, Linda L. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00069372
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>								
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	2,256.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,471.39
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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.

\_\_\_\_\_  
 The Honorable Linda L. Koop  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Koop, Linda L. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00069372
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,256.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 7.15

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 1/1 Rpt: 4/9

**2** FILER NAME  
Koop, Linda L. (The Honorable)

**3** Filer ID (Ethics Commission Filers)  
00069372

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of  
pledge (\$)

**9** In-kind description  
(If applicable)

**7** Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 5/9
<b>2</b> FILER NAME Koop, Linda L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069372
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 6/9	<b>2</b> FILER NAME Koop, Linda L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069372
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<b>4</b> Date 10/09/2024	<b>5</b> Payee name Button, Angie Chen (Rep.)
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 832748  Richardson, TX 75083
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/09/2024	Payee name Meyer, Morgan (Rep.)
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 3838 Oak Lawn Ave. Suite 400 Dallas , TX 75219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/09/2024	Payee name Parker, Tan (Sen.)
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Amount (\$) \$500.00	Payee address; City; State; Zip Code Tan Parker Campaign P.O. Box 271741 Flower Mound , TX 75027
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 7/9	<b>2</b> FILER NAME Koop, Linda L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069372	
<b>4</b> Date 11/01/2024	<b>5</b> Payee name United States Postal Service		
<b>6</b> Amount (\$) \$256.00	<b>7</b> Payee address; City; State; Zip Code 5995 Summerside Drive  Dallas, TX 75248		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Box Rental	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 8/9
<b>2</b> FILER NAME Koop, Linda L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069372
<b>4</b> Date 07/31/2024	<b>5</b> Name of person from whom amount is received Happy State Bank - A Division of Centennial Bank <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Addison, TX 75001	<b>8</b> Amount (\$)  \$1.37
<b>7</b> Purpose for which amount is received Normal Bank Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 08/31/2024	Name of person from whom amount is received Happy State Bank - A Division of Centennial Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Addison, TX 75001	Amount (\$)  \$1.37
Purpose for which amount is received Normal Bank Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 09/30/2024	Name of person from whom amount is received Happy State Bank - A Division of Centennial Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Addison, TX 75001	Amount (\$)  \$1.33
Purpose for which amount is received Normal Bank Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/31/2024	Name of person from whom amount is received Happy State Bank - A Division of Centennial Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Addison, TX 75001	Amount (\$)  \$1.17
Purpose for which amount is received Normal Bank Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 11/30/2024	Name of person from whom amount is received Happy State Bank - A Division of Centennial Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Addison, TX 75001	Amount (\$)  \$0.94
Purpose for which amount is received Normal Bank Interest <input type="checkbox"/> Check if political contribution returned to filer		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 9/9
<b>2</b> FILER NAME Koop, Linda L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069372
<b>4</b> Date 12/31/2024	<b>5</b> Name of person from whom amount is received Happy State Bank - A Division of Centennial Bank	<b>8</b> Amount (\$) \$0.97
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Addison, TX 75001	
	<b>7</b> Purpose for which amount is received Normal Bank Interest	<input type="checkbox"/> Check if political contribution returned to filer