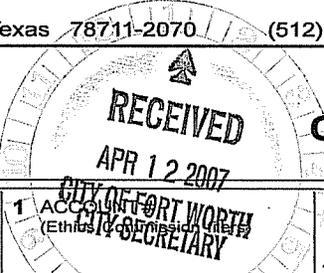


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**



The C/OH Instruction Guide explains how to complete this form.

2 Total pages filed: **8**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Linda A
NICKNAME LAST SUFFIX
GARCIA

OFFICE USE ONLY

Date Received
**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**11901 BLUE CREEK DR.
Aledo TX 76008**

Receipt # Amount

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 560-7520

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Richard A
NICKNAME LAST SUFFIX
Nelson

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
**3913 Reagan Dr.
FORT WORTH TX 76116**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 244-7168

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
02 / 19 / 2007 THROUGH 04 / 11 / 2007

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05 / 12 / 2007

12 OFFICE

OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
City Council District 3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Linda A. Garcia 16 ACCOUNT # (Ethics Commission Filers)

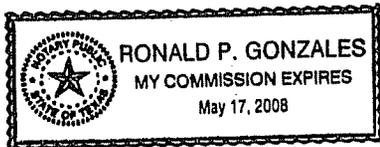
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1925⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1673⁹²</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>251⁰⁸</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Garcia
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Linda Garcia, this the 12th day of April, 20 07, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

**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 A. Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/19/07	5 Payee name City of Fort Worth, City Secretary's office	8 Amount (\$) 100⁰⁰
6 Payee address; City; State; Zip Code 1000 Throckmorton ST. FORT WORTH TX		
7 Purpose of expenditure (See instructions regarding type of information required.) Filing Fees <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/9/07	Payee name Wells Fargo Bank	Amount (\$) 34.55
Payee address; City; State; Zip Code 2315 North Main ST. FORT WORTH TX 76106		
Purpose of expenditure (See instructions regarding type of information required.) Bank FEES <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/12/07	Payee name U.S. Post office	Amount (\$) 27⁰⁰
Payee address; City; State; Zip Code Ridgela Station FORT WORTH TX 76116-9998		
Purpose of expenditure (See instructions regarding type of information required.) P.O. Box Rental <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/13/07	Payee name Office Depot	Amount (\$) 77⁰⁰
Payee address; City; State; Zip Code 6680 West Freeway FORT WORTH TX 76116		
Purpose of expenditure (See instructions regarding type of information required.) envelopes + card notes <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/16/07	Payee name SIR SPEEDY	Amount (\$) 930⁸³
Payee address; City; State; Zip Code 7928 Camp Bowie West FORT WORTH TX 76116		
Purpose of expenditure (See instructions regarding type of information required.) Fundraiser invitations, push cards <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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 A. Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/25/07	5 Payee name U.S. Post office	8 Amount (\$) 182.52
6 Payee address; City; State; Zip Code 4600 Mark IV Parkway FORT WORTH TX 76161-9712		
7 Purpose of expenditure (See instructions regarding type of information required.) Postage for fundraiser invitations <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/29/07	Payee name Sams Club	Amount (\$) 200.78
Payee address; City; State; Zip Code Westworth Village TX		
Purpose of expenditure (See instructions regarding type of information required.) Fundraiser Supplies <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/30/07	Payee name Party Package	Amount (\$) 121.24
Payee address; City; State; Zip Code 5136 W. Vickery FORT WORTH TX 76107		
Purpose of expenditure (See instructions regarding type of information required.) Tables & chairs Rental for fundraiser <small>(If travel outside of Texas, complete Schedule T)</small>		<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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Linda A. Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/13/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTOR M. GARCIA	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11901 Blue Creek Dr. Aledo TX 76008		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth J. Thornton	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8633 Fountain View Terrace Hurst TX 76053		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/16/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Barrett	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6000 Western Pl. Ste 200 Fort Worth TX 76107-4684		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/23/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack & Nancy Larson	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1941 Chatburn Ct. Fort Worth TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melisa Caston	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4000 W 7th St. FORT WORTH TX 76107-1622		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Linda A. Garcia</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>03/28/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joseph, Mae Maly</u>	7 Amount of contribution (\$) <u>250⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>6820 Sawgrass Dr. Fort Worth TX 76132-7102</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>03/28/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jose, Shonda Garcia</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4732 Cripple Creek Rd. Haltom City, TX 76137</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>03/28/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Austin Jr.</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2017 Teakwood Tree Fort Worth TX 76112-5430</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/30/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rosemary K. Hamlin</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4149 S. Hulen, Fort Worth TX 76109</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>03/30/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert J. Allen</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4916 Great Divide Drive FORT WORTH TX 76137</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Linda A. Garcia</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>03/30/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gladys Emerson</u>	7 Amount of contribution (\$) <u>50⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5001 Coneflower Rd. FORT WORTH TX 76123</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>03/30/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carlos De la Torre</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2300 Autumn Oak Trail Arlington TX 76006-2744</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>03/30/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Deborah Roark</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>586 Lakeview Ct. Aledo TX 76008</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>03/30/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Berta Banta</u>	Amount of contribution (\$) <u>250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3201 Hilldale Road Fort Worth TX 76116</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>03/30/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Myong Chong</u>	Amount of contribution (\$) <u>300⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6333 Camp Bowie Blvd., Suite 307 FORT WORTH TX 76116</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Linda A. Garcia</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>04/03/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Henry, Nancy Garcia</u>	7 Amount of contribution (\$) <u>50⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4140 Shannon Dr. Fort Worth TX 76116</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>04/04/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lucille Moskowitz</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7137 Windchime Dr. Fort Worth TX 76133</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>04/04/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thomas J. Harris, Ellen R. Harris</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8040 Valley Dr. North Richland Hills TX 76180</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>04/05/2007</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Louise Appleman</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>801 Cherry St. Suite 1600 Fort Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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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