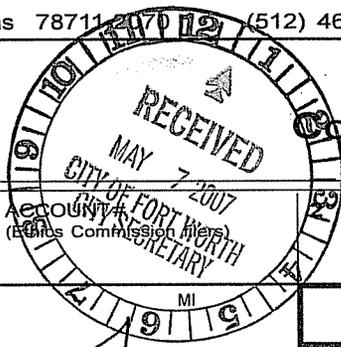


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1



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

1 ACCOUNTS SECRETARY (Ethics Commission)

Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST MI SUFFIX
LINDA GARCIA

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
11901 Blue Creek Dr. Aledo TX 76008

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Hand Delivered for Date Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 560-7520

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST MI SUFFIX
Richard A. 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
04 / 12 / 2007 THROUGH 05 / 04 / 2007

11 ELECTION

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

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

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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)

\$

2430.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2530.62

CONTRIBUTION BALANCE

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

\$

-100.62

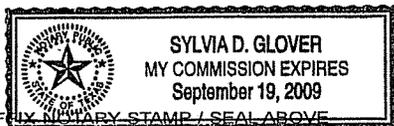
OUTSTANDING LOAN TOTALS

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

\$

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 Garcia
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Linda Garcia, this the 7th day of May, 20 07, to certify which, witness my hand and seal of office.

Sylvia Glover Signature of officer administering oath
 Sylvia Glover 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: 2	
2 FILER NAME Linda A. Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/13/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian, Deborah Sneed	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4733 Hidden Lane Fort Worth TX 76107-1533		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Becky Ruffro	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9121 Addison Lane Keller TX 76248-8647		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Meagan Topham	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 410 Matt Lane Arlington TX 76012		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Margaret, James De Moss	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3451 Green Arbor Ct. Fort Worth TX 76109-3111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/16/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. David Hasenzahl	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6425 Klameath Rd Fort Worth TX 76116		(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.

**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 A. Garcia 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>04/25/2007</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Maxwell</u>	7 Amount of contribution (\$) <u>25⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5333 Warm Springs Fort Worth TX 76137</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Saenz</u>	Amount of contribution (\$) <u>30⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4427 Tamworth St Fort Worth TX 76116</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)

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)

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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 3 ACCOUNT # (Ethics Commission filers)

4 Date 04/13/07	5 Payee name VICTORYSTORE.COM DYD	8 Amount (\$) 856.70
6 Payee address; City; State; Zip Code 5200 SW 30th St. Davenport Iowa 52802		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Signs <small>(If travel outside of Texas, complete Schedule T)</small>		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED