

Received
APR 28 2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>11</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Anthony</u> FIRST: <u>Linda</u> MI: <u>C</u>	OFFICE USE ONLY	
	NICKNAME: LAST: SUFFIX:		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>1500 Old Wagon Rd West Lake Hills, TX 78746</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	<u>(512) 327 0146</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Anthony</u> FIRST: <u>Linda</u> MI: <u>C</u>	Date Received	
	NICKNAME: LAST: SUFFIX:	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>1500 Old Wagon Rd, West Lake Hills TX 78746</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	<u>(512) 327 0146</u>		
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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year		
	<u>03 / 29 / 2022</u> THROUGH <u>04 / 29 / 2022</u>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	<u>05 / 07 / 2022</u>		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	<u>West Lake Hills mayor</u>		<u>West Lake Hills mayor</u>
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> Additional Pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,977.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,843.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

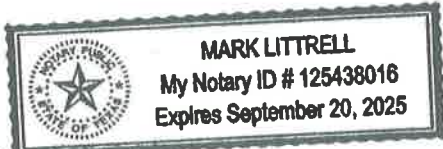
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Canda P. Anthony

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Linda Anthony* this the 28 day of April

2022, to certify which, witness my hand and seal of office

Signature of officer administering oath: *Mark Littrell* Printed name of officer administering oath: MARK LITRELL Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Linda Anthony</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>7,400.-</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>1,977.09</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Linda Anthony		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian K. Killam	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 304 Eanes School Rd West Lake Hills TX 78746		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) N-A
Date 3/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Hilgers	Amount of contribution (\$) \$400
Contributor address; City; State; Zip Code 701 Yaupon Valley Rd West Lake Hills TX 78746		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N-A
Date 3/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David W. Cardoso	Amount of contribution (\$) \$500-
Contributor address; City; State; Zip Code 1404 Old Wagon Rd West Lake Hills TX 78746		
Principal occupation / Job title (See Instructions) financial adviser		Employer (See Instructions) Raymond James
Date 3/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha S. Scott Marshall	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 1407 Flintridge Rd West Lake Hills TX 78746		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N-A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Linda Anthony		3 Filer ID (Ethics Commission Filers)
4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer Stevens / Kathryn Stevens	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 1230 Yawpon Valley Rd West Lake Hills Tx 78746		
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Clark Hill PLC
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Lee	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 6 Rocky River Cove West Lake Hills Tx 78746		
Principal occupation / Job title (See Instructions) lobbyist		Employer (See Instructions) Randy Lee Public Affairs LLC
Date 3/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E.P. Bowser McCall	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 901 Graciosa Cove Austin Tx 78746 Causes School Rd West Lake Hills Tx 78746		
Principal occupation / Job title (See Instructions) home builder		Employer (See Instructions) McCall Custom Homes
Date 3/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Brown	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 123 Redbud Trail West Lake Hills Tx 78746		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N-A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Linda Anthony		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelli & Wayne Stickle	7 Amount of contribution (\$) \$1,000
6 Contributor address; City; State; Zip Code 1106 Yaupon Valley Rd West Lake Hills, Tx 78746		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Dell
Date 4/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sami Cassis	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 501 Yaupon Valley Rd West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N-A
Date 4/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike McDoniel	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1509 Flintridge West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Self
Date 4/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl Broussard	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 515 Buckeye Trail West Lake Hills 78746		
Principal occupation / Job title (See Instructions) Semi-retired		Employer (See Instructions) founder TBG partners

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Linda Anthony

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/2022

5 Full name of contributor

Bruce Brown

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25

6 Contributor address; City; State; Zip Code

123 Redbud Trail West Lake Hills Tx 78746

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

N-A

Date

4/1/2022

Full name of contributor

Ben Womack

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

1509 Wildcat Hollow West Lake Hills Tx 78746

Principal occupation / Job title (See Instructions)

~~Geologist~~ financial advisor

Employer (See Instructions)

Bank of America
~~AT Board of Community Planning~~

Date

4/3/2022

Full name of contributor

Coralie Pledger

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

107 Madrone West Lake Hills Tx 78746

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Austin Community Foundation

Date

4/3/2022

Full name of contributor

Tina Leva

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150

Contributor address; City; State; Zip Code

1422 Yaupon Valley Rd West Lake Hills Tx 78746

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N-A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Linda Anthony		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Sullivan	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code 1004 Yaupon Valley Rd West Lake Hills TX 78746		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) N-A
Date 4/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Coffey	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 1107 Yaupon Valley West Lake Hills TX 78746		
Principal occupation / Job title (See Instructions) financial advisor/broker		Employer (See Instructions) Edward Jones
Date 4/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Chipman	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 920 Terrace Mtn. West Lake Hills TX 78746		
Principal occupation / Job title (See Instructions) landscape architect		Employer (See Instructions) self
Date 4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Scanlon	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 1115 Basin Ledge Austin Travis County TX 78746		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N-A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Linda Anthony		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Rider	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 13 N. Peak West Lake Hills Tx 78746		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) N/A
Date 4/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patti McCandless	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) VP of governmental relations Texas Blue Cross-Blue Shield
Date 4/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Andrews	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1424 Redbud Trail West Lake Hills Tx 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynne Robson	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 501 Rocky River Rd West Lake Hills Tx 78746		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>7</i>
2 FILER NAME <i>Linda Anthony</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Kruttker</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>N. Peak Rd West Lake Hills Tx 78746</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions) <i>NA</i>
Date <i>4/15/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dalissa Gortney</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>875 Live Oak Ridge West Lake Hills Tx 78746</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>NA</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Linda Anthony</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/11/2022</i>	5 Payee name <i>Super Cheap Signs</i>	
6 Amount (\$) <i>359.80</i>	7 Payee address: <i>9200 Watuford Center Blvd</i>	City; State; Zip Code <i>Austin Tx 78758</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>yard signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/22/2022</i>	Payee name <i>Print Shoppe</i>	
Amount (\$) <i>167.29</i>	Payee address: <i>5321 Industrial Blvd Ste. 128</i>	City; State; Zip Code <i>Austin, Tx 78735</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>marker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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