FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081691 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Linda M. NAME Date Received **ELECTRONICALLY FILED** 07/14/2021 NICKNAME LAST **SUFFIX** Marie Dunson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 670785 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77267 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Eric T. NAME NICKNAME LAST **SUFFIX** McFerren STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 7322 Southwest Fwy. Ste. 2010 **ADDRESS** (Residence or Business) Houston, TX 77074 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 265-3013 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х

Month

Month

Day

Day

OFFICE HELD (if any)

ELECTION DATE

01/01/2021

Year

Year

Family District Court Judge District 309 Harris

PERIOD

10 ELECTION

11 OFFICE

COVERED

THROUGH

Primary

General

reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2021

12 OFFICE SOUGHT (if known)

Year

Other

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Dunson, Linda M. (Th	ne Honorable)	14 Filer ID (Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 12.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,009.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 47,780.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 47,768.42
17 AFFADAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required to	companying report is to be reported by me
		The Hono	rable Linda M. Dunso	on
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 24					
	18 FILER NAME19 Filer ID(Ethics Commission Filers)Dunson, Linda M. (The Honorable)00081691								
20 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTOTAL AM	OUNT					
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00					
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00					
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	12.00					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00					
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00					
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,997.63					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$						
12.	\$								
			•						

PLEDGI	ED CONTRIBUTIONS (JUDICI	AL)		SCHED	ULE B(J)
The Ir	nstruction Guide explains how to comple	ete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Dunson, Lind	da M. (The Honorable)	3 Filer ID (00081691	Ethics Commission	on Filers)	
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 I (If ap	description pplicable)
			Check if travel	u outside of Texas.	Complete Schedule T.
10 Pledgor's princ	cipal occupation	11 Pledgor's job title	•		
12 Pledgor's emp	loyer/law firm	13 Law firm of pledgor	's spouse (if any)		
14 If pledgor is a	child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHED	JLE E (J)
	The Instructio	on Guide explains how to complete this	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/24					
2	FILER NAME Dunson, Linda M	Л. (The Honorable)		1	Filer ID 000816	(Ethics Comr	nission File	ers)
4	TOTAL OF UN	IITEMIZED LOANS		•		\$		0.00
5	Date of loan	7 Name of lender out-of-state PA	AC (ID#:)	9 Loan Amo	unt (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Ra		
						11 Maturity D	ate	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	eposited	into political a (See Instr		
19	GUARANTOR INFORMATION	20 Name of guarantor	-			22 Amount G	uaranteed	(\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Low Firm	26 Law Firm of guarantor's sp	201100	(if any)			
	· 		20 Law Filli of guarantor's Sp	Jouse	(II ally)			
27	If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbur

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica				pense /ages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to	o coi	mplete this form.			
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 1/17 Rpt: 6/24		Dunson, Linda M. (The Honorable)				00081691	
4	Date	5	Payee name					
	02/11/2021		Bayou Blue Democrats					
6	Amount (\$)	7	Payee address; City; State; Zip	Co	de			
	\$25.00		3051 Locke Ln					
	Reimbursement from political contributions							
	intended		Houston, TX 77019					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)		(b) Description	≓ :	eck if travel outside of Texas. Complete Schedule T	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		L	_ Cn	eck if Austin, TX, officeholder living expense	
			Candidate/Officeriolae/// Officeri Committee		membership			
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held	_
•	expenditure to benefit	Oui	ididate/Officeriolder Harrie		Office Sought		Cinice Held	
	C/OH							
	Date		Payee name					
	06/08/2021		Baytown Area Democrats					
Amount (\$)			Payee address; City; State; Zip	Co	de			
\$25.00 8307 Caraway Cir								
	X Reimbursement from political contributions							
	intended		Baytown, TX 77521					
	PURPOSE OF		Category (See Categories listed at the top of this schedule)		Description	=	eck if travel outside of Texas. Complete Schedule T	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		L		eck if Austin, TX, officeholder living expense	
			Carladate/Officeriolaci/i offical Committee		membership			
	Complete ONLY if direct	<u>I</u> Car	ndidate/Officeholder name		Office sought		Office held	_
	expenditure to benefit C/OH				3			
	C/OI1	_						_
	Date		Payee name					
	05/14/2021		Blue Action Democrats					_
	Amount (\$)		Payee address; City; State; Zip	Co	de			
	\$25.00		3500 werner Ave					
	Reimbursement from political contributions		A					
	- Intended	╙	Austin, TX 78722					_
	PURPOSE OF		Category (See Categories listed at the top of this schedule)		Description	=	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense	•
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		donation			
	Complete ONLY if direct	<u>I</u> Car	ndidate/Officeholder name		Office sought		Office held	_
	expenditure to benefit C/OH				•			
	GOIT							_

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 2/17 Rpt: 7/24	2 FILER NAM Dunson, Li	E nda M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081691
4	Date	5 Payee name)			
	03/22/2021	_	s Democrats			
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode	
	\$20.00	1097 Villa I	Lea			
	Reimbursement from political contributions intended	Houston, T	X 77071			
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		ns/Donations Made By Officeholder/Political Comn	nittee	membership	Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	sholder name		Office sought	Office held
	Date	Payee name	2			
	05/24/2021	Braes Oak	s Democrats			
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode	
\$20.00 1097 Villa Lea						
	Reimbursement from political contributions intended	Houston, T	X 77071			
	PURPOSE OF		See Categories listed at the top of this scl	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		ns/Donations Made By Officeholder/Political Comn	nittee	membership	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	sholder name		Office sought	Office held
	Date	Payee name)			
	03/21/2021	Cypress-To	omball Democrats			
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode	
	\$50.00	16215 Diar	mond Rock			
	Reimbursement from political contributions intended	Cypress, T	X 77429			
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		ns/Donations Made By Officeholder/Political Comn	nittee	donation for food	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	cholder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/17 Rpt: 8/24 Dunson, Linda M. (The Honorable) 00081691 Date Payee name 02/11/2021 **Democratic Senatorial Campaign Committee** State; Zip Code Amount (\$) Payee address; City; \$25.00 120 Maryland Ave Reimbursement from political contributions Х intended Washington, DC 20002 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/17/2021 Democratic Senatorial Campaign Committee Amount (\$) Payee address; City; State; Zip Code \$25.00 120 Maryland Ave Reimbursement from political contributions Χ Washington, DC 20002 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee donation Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/24/2021 Fifth Ward Chamber Payee address; State; Zip Code Amount (\$) City; \$25.00 5901 Market St Reimbursement from Χ political contributions intended Houston, TX 77020 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	u 00	The Instruction Guide explains how to c	omplete this form		OTTLK (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 4/17 Rpt: 9/24		Dunson, Linda M. (The Honorable)			00081691
4	Date	5	Payee name			
	06/10/2021		Fiverr.com			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$25.00		401 Broadway, Suite 1600			
	Reimbursement from political contributions					
	intended		New York, NY 10013			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Descriptio	n	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		<u> </u> 	Check if Austin, TX, officeholder living expense
				graphics for I	bus	iness card
9	Complete ONLY if direct		ndidate/Officeholder name	Office soug	ht	Office held
9	expenditure to benefit	Cai	ididate/Officeriolder frame	Office sout	JIIL	Office field
	C/OH					
	Date		Payee name			
	02/28/2021		GoDaddy.com			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$50.52		14455 N. Hayden Rd.			
	Reimbursement from political contributions		ste 219			
	x political contributions intended		Scottsdale, AZ 85260			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Descriptio	n [Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense
				domain name	e (E	Dunson4Judge)
		Ĺ	N. 1000 1 11			25.
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office soug	ght	Office held
	C/OH					
	Date		Payee name			
	06/30/2021		GoDaddy.com			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$237.28		14455 N. Hayden Rd.			
	Reimbursement from		ste 219			
	X political contributions intended		Scottsdale, AZ 85260			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Descriptio	n [Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense
				website build	ler/ı	microsoft 365/domain renew
		L				
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office soug	ght	Office held
	C/OH					

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee Legal Services Salaries/M The Instruction Guide explains how to co	/ages/Contract Labor mplete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 10/24		Dunson, Linda M. (The Honorable)			00081691
4	Date	5	Payee name			
	02/07/2021		Greater Heights Democratic Club			
6	Amount (\$)	7	Payee address; City; State; Zip Co	de		
	\$20.00		4619 Lyons Ave			
	Reimbursement from					
	X political contributions intended		Houston, TX 77020			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	1 CI	neck if travel outside of Texas. Complete Schedule T.
Ū	OF	("	Contributions/Donations Made By	(3) Besonption	=	neck if Austin, TX, officeholder living expense
	EXPENDITURE		Candidate/Officeholder/Political Committee	membership		
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held
•	expenditure to benefit	Oui	ididate/emecholaer hame	Omec sought		Office field
	C/OH					
	Date		Payee name			
	02/08/2021		Harris County Democratic Party			
	Amount (\$)	\vdash	Payee address; City; State; Zip Co	de		
	\$20.00		4619 Lyons Ave			
	Reimbursement from		,			
	X political contributions intended		Houston, TX 77020			
	PURPOSE	┝		Description	1 C	neck if travel outside of Texas. Complete Schedule T.
	OF		Category (See Categories listed at the top of this schedule)	Description	4	neck if Austin, TX, officeholder living expense
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee	Eustaining mamb	-	3
				sustaining member	CI	
	Complete ONLY if direct	<u> </u>	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit	Cai	ididate/Officeriolder flame	Office Sought		Office field
	C/OH					
	Date		Payee name			
	04/07/2021		Harris County Democratic Party			
	Amount (\$)	┢	Payee address; City; State; Zip Co	de		
	\$150.00		4619 Lyons Ave			
	Reimbursement from					
	x political contributions intended		Houston, TX 77020			
		┡			1	
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	4	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee	LICDD avent ones	-	
			Candidate/Officeriolde//Folitical Committee	HCDP event spor	ISC	Л
	Occupation Children	<u>_</u>	adidate (Office Include)	046		O.E.
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held
	C/OH					

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	counting/Banking Fees Office Overhead/Rental Expense routing Expense Polling Expense Polling Expense Polling Expense Printing Expense Printing Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-	Sch: 6/17 Rpt: 11/24		Dunson, Linda M. (The Honorable)			00081691
4	Date	5	Payee name			
	05/03/2021	ľ	Harris County Democratic Party			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$15.00		4619 Lyons Ave	•		
	Reimbursement from political contributions intended		Houston, TX 77020			
_		ļ.,			la -	-
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this scher	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By		L L	Check if Austin, TX, officeholder living expense
			Candidate/Officeholder/Political Commit	пее	sustaining memb	er
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	05/28/2021		Harris County Democratic Party			
	Amount (\$)	F	Payee address; City; State;	Zip Co	ode	
	\$10.00		4619 Lyons Ave	•		
			.010 Lyc.io / 110			
	Reimbursement from political contributions intended		Houston, TX 77020			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ttee	sustaining memb	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date	\Box	Payee name			
	06/03/2021		Harris County Democratic Party			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$15.00		4619 Lyons Ave			
	Reimbursement from political contributions intended		Houston, TX 77020			
	PURPOSE	\vdash	Category (See Categories listed at the top of this scher	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Contributions/Donations Made By	,	l	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Candidate/Officeholder/Political Commit	ttee	sustaining memb	er
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/17 Rpt: 12/24 Dunson, Linda M. (The Honorable) 00081691 Date Payee name 06/09/2021 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$60.66 4619 Lyons Ave Reimbursement from political contributions Х intended Houston, TX 77020 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** 3 tickets for Road to 2022 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2021 Houston Black American Democrats Amount (\$) Payee address; City; State; Zip Code \$100.00 P.O. Box 2252 Reimbursement from political contributions Χ Houston, TX 77252 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee dues Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/14/2021 Houston GLBT Political Caucus Payee address; City; State; Zip Code Amount (\$) \$10.00 P.O. Box 66664 Reimbursement from Χ political contributions intended Houston, TX 77266 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee sustaining member Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/17 Rpt: 13/24	Dunson, Linda M. (The Honorable) 00081691
4	Date	5 Payee name
	03/14/2021	Houston GLBT Political Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
	Reimbursement from political contributions	
	x political contributions intended	Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee sustaining member
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held
	C/OH	
	Date	Payee name
	05/18/2021	Houston GLBT Political Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P.O. Box 66664
	Reimbursement from	
	political contributions intended	Houston, TX 77266
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee virtual fundraiser lift every voice and sing
	Commists ONII V if direct	Consider to Office helder some
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held
	C/OH	
	Date	Payee name
	04/13/2021	Houston GLBT Political Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
	Reimbursement from	
	x political contributions intended	Houston, TX 77266
	PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee sustaining member
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held
	C/OH	
_		

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/17 Rpt: 14/24	Dunson, Linda M. (The Honorable)	00081691
4	Date	5 Payee name	
	05/13/2021	Houston GLBT Political Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$10.00	P.O. Box 66664	
l	Reimbursement from		
	X political contributions intended	Houston, TX 77266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee sustaining mem	ber
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office held
	C/OH		
F	Date	Payee name	
	06/14/2021	Houston GLBT Political Caucus	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 66664	
	Reimbursement from		
	X political contributions intended	Houston, TX 77266	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee sustaining mem	ber
L			
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office held
	C/OH		
F	Date	Payee name	
	05/17/2021	Houston Lawyers Association	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	p.o. box 300009	
	Reimbursement from		
	X political contributions intended	Houston, TX 77230	
Г	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		ticket to 2021 G	ala
l	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office held
	C/OH		
\vdash			
l			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manage/Control

	Candidate/Officeholder/Politica Credit Card Payment	al Comm	nittee Legal Services Salaries. The Instruction Guide explains how to c	Wages/Contract Labor complete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 F	ILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 10/17 Rpt: 15/24		Dunson, Linda M. (The Honorable)			00081691
4	Date	5 P	ayee name			
	02/09/2021	H	louston Lawyers Association			
6	Amount (\$)	7 P	ayee address; City; State; Zip C	ode		
	\$80.00	p	.o. box 300009			
	Reimbursement from					
	X political contributions intended	Н	louston, TX 77230			
8	PURPOSE	(a) C	Category (See Categories listed at the top of this schedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By	L	Ch	neck if Austin, TX, officeholder living expense
			Candidate/Officeholder/Political Committee	membership		
L						
9	Complete ONLY if direct expenditure to benefit	Candi	idate/Officeholder name	Office sought		Office held
	C/OH					
F	Date	Р	ayee name			
	02/09/2021		lumble Area Democrats			
┝	Amount (\$)	┞	ayee address; City; State; Zip C	ode		
	\$20.00		.o. box 3863	ouc		
			.o. box 3003			
	X Reimbursement from political contributions intended	Н	lumble, TX 77347-3863			
	PURPOSE	С	Category (See Categories listed at the top of this schedule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By		Ch	neck if Austin, TX, officeholder living expense
		c	Candidate/Officeholder/Political Committee	dues		
	Complete ONLY if direct expenditure to benefit	Candi	idate/Officeholder name	Office sought		Office held
	C/OH					
F	Date	Ь	layee name			
	02/24/2021	1	ayee name Caty Area Democrats			
⊢	Amount (\$)	├	Payee address; City; State; Zip C	odo		
	\$5.00	1	205 Mallard Dr	oue		
		"	203 Maliaid Di			
	X Reimbursement from political contributions intended	K	Caty, TX 77493			
	PURPOSE	С	Category (See Categories listed at the top of this schedule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By		Cł	neck if Austin, TX, officeholder living expense
		C	Candidate/Officeholder/Political Committee	sustaining memb	er	
I	Complete ONLY if direct expenditure to benefit	Candi	idate/Officeholder name	Office sought		Office held
	C/OH					
H						
ı						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	kpense /ages/Contract Labor		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 G:	2 FILER NAME	Ξ			3	Filer ID (Ethics Commission	Filers)
	Sch: 11/17 Rpt: 16/24	Dunson, Lii	nda M. (The Honorable)				00081691	
4	Date	5 Payee name						
	03/24/2021	Katy Area [Democrats					
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	de			
	\$5.00	6205 Malla	rd Dr					
	Reimbursement from							
	X political contributions intended	Katy, TX 77	7493					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sche	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete S	Schedule T.
	OF EXPENDITURE	1	ns/Donations Made By			Ch	neck if Austin, TX, officeholder living expen	ise
	EXPENDITORE	Candidate/	Officeholder/Political Comm	ittee	sustaining memb	oer		
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
	Data							
	Date	Payee name						
	04/25/2021	Katy Area [-: 0-				
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.00	6205 Malla	rd Dr					
	X Reimbursement from political contributions		_					
	intended	Katy, TX 77	⁷ 493		_			
	PURPOSE OF	1	See Categories listed at the top of this sche	edule)	Description	_	neck if travel outside of Texas. Complete S	
	EXPENDITURE		ns/Donations Made By Officeholder/Political Comm	ittoo	L	_	neck if Austin, TX, officeholder living expen	ise
		Carididate	Officeriolaci/i offical commi	IIICC	sustaining memb)ei		
L	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit	Canuluale/Onice	Holder Hame		Office Sought		Office field	
	C/OH							
	Date	Payee name						
	05/24/2021	Katy Area [Democrats					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de			
	\$5.00	6205 Malla	rd Dr					
	Reimbursement from							
	X political contributions intended	Katy, TX 77	7493					
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete S	Schedule T.
	OF EXPENDITURE		ns/Donations Made By			Ch	neck if Austin, TX, officeholder living expen	ise
		Candidate/	Officeholder/Political Comm	ittee	sustaining memb	oer		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-	Sch: 12/17 Rpt: 17/24		Dunson, Linda M. (The Honorable)			00081691
4	Date	5	Payee name			
	06/24/2021	ľ	Katy Area Democrats			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$5.00		6205 Mallard Dr			
			0200 Manara Br			
	X Reimbursement from political contributions intended		Katy, TX 77493			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Contributions/Donations Made By			Check if Austin, TX, officeholder living expense
	EXPENDITURE		Candidate/Officeholder/Political Commit	tee	sustaining memb	er
						U
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	02/03/2021		Kingwood Area Democrats			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$50.00		p.o. box 6177			
			p.o. 50% 011 1			
	X Reimbursement from political contributions intended		Kingwood, TX 77325-6177			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ttee	membership	Check if Austin, TX, officeholder living expense
_		<u>_</u>				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Davida nama			
	03/09/2021		Payee name Mexican American Bar Association			
	03/09/2021		Mexican American bai Association			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$75.00		p.o. box 303			
	Reimbursement from political contributions intended		Houston, TX 77001-0303			
\vdash	PURPOSE	\vdash	Category (See Categories listed at the top of this sched	לעום)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF			auic)	Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	too	L	
			Canadato, Cinceriolaci, Tolitical Collillilli		dues	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/17 Rpt: 18/24 Dunson, Linda M. (The Honorable) 00081691 Date Payee name 02/27/2021 Meyerland Democrats Amount (\$) Payee address; City; State; Zip Code \$36.00 P.O. Box 310061 Reimbursement from political contributions Х intended Houston, TX 77231-0061 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/12/2021 NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN Amount (\$) Payee address; City; State; Zip Code \$299.00 1600 Dowling St ste 410 Reimbursement from political contributions Χ Denver, TX 80218 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** child welfare law training Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/16/2021 National Association of Women Judges Payee address: City; State; Zip Code Amount (\$) \$130.00 p.o. box 3363 Reimbursement from Χ political contributions intended Warrenton, VA 20188 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee membership

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/17 Rpt: 19/24 Dunson, Linda M. (The Honorable) 00081691 Date Payee name National Counsel for Juvenile and Family Court Judges 06/02/2021 Amount (\$) Payee address; City; State; Zip Code \$195.00 p.o. box 8970 Reimbursement from political contributions Х intended Reno, TX 89507 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/07/2021 OUR Revolution TEXAS (Harris County) Amount (\$) Payee address; City; State; Zip Code \$10.00 p.o. box 92961 Reimbursement from political contributions Χ Austin, TX 78709 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee sustaining member Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/07/2021 OUR Revolution TEXAS (Harris County) Payee address: City; State; Zip Code Amount (\$) \$10.00 p.o. box 92961 Reimbursement from Χ political contributions intended Austin, TX 78709 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee sustaining member Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NAM	≣			3	Filer ID (Ethics Commission Filers)
	Sch: 15/17 Rpt: 20/24	Dunson, Li	nda M. (The Honorable)				00081691
4	Date	5 Payee name				•	
	06/07/2021	OUR Revo	lution TEXAS (Harris Cour	nty)			
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode		
	\$10.00	p.o. box 92	961				
	Reimbursement from						
	X political contributions intended	Austin, TX	78709				
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this sc	hedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		ns/Donations Made By		L	Ch	neck if Austin, TX, officeholder living expense
		Candidate/	Officeholder/Political Comr	nittee	sustaining memb	oer	
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						
	Date	Payee name					
	03/08/2021	l [*]	lution Harris County				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$10.00	p.o. box 92	•	, ,			
	Reimbursement from						
	X political contributions intended	Austin, TX	79700				
		_				-	
	PURPOSE OF	1	ee Categories listed at the top of this sc	hedule)	Description	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		ns/Donations Made By Officeholder/Political Comr	nittee	L sustaining mamb		ison in August 174, officer of the first of
		- Carraraaror	omoonoidoi, omada oom		sustaining memb	JEI	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit	Cararacte, Cine	noider name		Omec sought		Chice held
	C/OH						
	Date	Payee name	·				
	04/16/2021	Pace Enter	tainment Group, LLC				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$150.00	2600 S. Lo	op West				
	Reimbursement from	Suite 300 N	I				
	x political contributions intended	Houston, T	X 77054				
	PURPOSE	Category (S	ee Categories listed at the top of this sc	hedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense			Ch	neck if Austin, TX, officeholder living expense
	LAI LINDITURE				5000 business ca	ards	5
		Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
<u> </u>							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/17 Rpt: 21/24 Dunson, Linda M. (The Honorable) 00081691 Date Payee name 04/20/2021 Pace Entertainment Group, LLC Amount (\$) Payee address; City; State; Zip Code \$119.00 2600 S. Loop West Suite 300 N Reimbursement from political contributions Х intended Houston, TX 77054 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** balance due on 5000 business cards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/14/2021 RoadWomen PAC Amount (\$) Payee address; City; State; Zip Code \$50.00 p.o. box 22678 Reimbursement from political contributions Χ Houston, TX 77227 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee dues Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/23/2021 Run Sister Run PAC Payee address; State; Zip Code Amount (\$) City; \$50.00 p.o. box 66470 Reimbursement from Χ political contributions intended Houston, TX 77266 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By

EXPENDITURE

Complete ONLY if direct

expenditure to benefit

C/OH

donation "a night of giving"

Office sought

Candidate/Officeholder/Political Committee

Candidate/Officeholder name

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	IE			3 Filer ID (Ethics Commission Filers)
	Sch: 17/17 Rpt: 22/24	Dunson, L	inda M. (The Honorable)			00081691
4	Date	5 Payee nam	е е			<u> </u>
	04/11/2021	Sharp Shi				
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Co	ode	
	\$540.17	2834 S. M				
	Reimbursement from					
	X political contributions intended	Stafford, T	X 77477			
8	PURPOSE	(a) Category	See Categories listed at the top of this sc	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertisin	g Expense			Check if Austin, TX, officeholder living expense
	EXPENDITORE				campaign donation	ons App
9		Candidate/Offic	eholder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date	Payee nam	e			
	02/01/2021	West Hou	ston Democrats			
Amount (\$) Payee address; City; State; Zip Code						
	\$25.00	4619 Lyor	is Ave			
	Reimbursement from					
	x political contributions intended	Houston, -	ΓX 77020			
	PURPOSE	Category	See Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		ons/Donations Made By			Check if Austin, TX, officeholder living expense
		Candidate	/Officeholder/Political Comr	nittee	membership	
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Offic	eholder name		Office sought	Office held
	C/OH					
H	Date	Dayoo nam	•			
	01/25/2021	Payee nam	e democrats			
_	Amount (\$)	Payee addr		e; Zip Co	ndo.	
	\$20.00	p.o. box 2		ε, Ζιρ Οι	Jue	
	Reimbursement from	p.o. box 2	000			
	X political contributions intended	Bellaire, T	X 77402			
	PURPOSE	Category	See Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		ons/Donations Made By	_		Check if Austin, TX, officeholder living expense
		Candidate	/Officeholder/Political Comr	nittee	dues	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought	Office held
\vdash						

OUTSTA	ANDING LOANS	SCHEDULE L				
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 23/24				
FILER NAME Dunson, Linda	a M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081691				
LENDER INFORMATION	4 Name of lender Dunson, Linda (Ms.)	1				
	5 Lender address; City; State; Zip Code					
	Houston, TX 77088					
GUARANTOR INFORMATION	6 Name of guarantor					
X not applicabl	7 Guarantor address; City; State; Zip Code					
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TEXT ANNOTATION	
	Sch: 1/1 Rpt: 24/24
FILER NAME Dunson, Linda M. (The Honorable)	Filer ID (Ethics Commission Filers) 00081691
Schedule L	
Information entered by filer as a memo: \$2,750.00 outstanding loan	