

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00081691 | <b>2</b> Total pages filed:<br><br>24   |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable   | FIRST<br>Linda M.   | MI  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/14/2021 |  |
|   | NICKNAME<br>Marie  | LAST<br>Dunson  | SUFFIX  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>P.O. Box 670785<br><br>Houston, TX 77267  |   | Date Hand-delivered or Date Postmarked  |  |  |
|   |  |   | Receipt #   | Amount   |  |
|   |  |   | Date Processed  |  |  |
|   |  |   | Date Imaged   |  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.   | FIRST<br>Eric T.  | MI  |  |  |
|   | NICKNAME   | LAST<br>McFerren  | SUFFIX  |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>7322 Southwest Fwy. Ste. 2010<br><br>Houston, TX 77074  |   |   |  |  |
|   |  |   |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(832)   | PHONE NUMBER<br>265-3013                                    | EXTENSION   |  |  |
| <b>8</b> 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |   |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>01/01/2021   |   | THROUGH   | Month    Day    Year<br>06/30/2021   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year  |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |  |
|   |  |   |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>Family District Court Judge District 309 Harris  |   | <b>12</b> OFFICE SOUGHT (if known)  |  |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 24

**13 C / OH NAME** Dunson, Linda M. (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00081691

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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.

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |  |    |           |
|--------------------------------|--|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 12.00     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 3,009.63  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 47,780.42 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 47,768.42 |

**17 AFFADAVIT**

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

The Honorable Linda M. Dunson  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - JC/OH**

|  |   |
|--|---|
| <b>18 FILER NAME</b><br>Dunson, Linda M. (The Honorable) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00081691 |
|--|---|

| <b>20 SCHEDULE SUBTOTALS</b> |   | <b>SUBTOTAL AMOUNT</b> |
|------------------------------|---|------------------------|
| <b>NAME OF SCHEDULE</b>      |   |                        |
| 1.                           | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$ 0.00                |
| 2.                           | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 0.00                |
| 3.                           | <input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                         | \$ 0.00                |
| 4.                           | <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)   | \$ 0.00                |
| 5.                           | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 12.00               |
| 6.                           | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 0.00                |
| 7.                           | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$ 0.00                |
| 8.                           | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 0.00                |
| 9.                           | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 2,997.63            |
| 10.                          | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                     |
| 11.                          | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                     |
| 12.                          | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                     |

# PLEGGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

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

**1** Total pages Schedule B(J):  
Sch: 1/1 Rpt: 4/24

**2** FILER NAME  
Dunson, Linda M. (The Honorable)

**3** Filer ID (Ethics Commission Filers)  
00081691

**4** TOTAL OF UNITEMIZED PLEDGES \$ 0.00

| <b>5</b> Date | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of pledge (\$)  | <b>9</b> In-kind description (if applicable) |
|---------------|--|---|--|
|               | <b>7</b> Pledgor Address; City; State; Zip Code                                      |   |  |
|               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |

**10** Pledgor's principal occupation

**11** Pledgor's job title

**12** Pledgor's employer/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 (JUDICIAL)

# SCHEDULE E(J)

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 5/24   |
| <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00  |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)   |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate   |
|  |  | <b>11</b> Maturity Date   |
| <b>12</b> Lender's Principal Occupation                                    |  | <b>13</b> Lender's Job Title  |
| <b>14</b> Lender's Employer/Law Firm                                       |  | <b>15</b> Law Firm of lender's spouse (if any)  |
| <b>16</b> If lender is child, law firm of parent(s) (if any)               |  |   |
| <b>17</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>18</b> Check if personal funds were deposited into political account<br>(See Instructions)<br><input type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>20</b> Name of guarantor  | <b>22</b> Amount Guaranteed (\$)  |
|  | <b>21</b> Guarantor address; City; State; Zip Code                             |   |
| <b>23</b> Guarantor's Principal Occupation                                 |  | <b>24</b> Guarantor's Job Title   |
| <b>25</b> Guarantor's Employer/Law Firm                                    |  | <b>26</b> Law Firm of guarantor's spouse (if any)   |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)            |  |   |
|  |  |   |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/17 Rpt: 6/24  | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>02/11/2021  | <b>5</b> Payee name<br>Bayou Blue Democrats   |   |
| <b>6</b> Amount (\$)<br>\$25.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>3051 Locke Ln<br><br>Houston, TX 77019   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                                 |   |
| Date<br>06/08/2021   | Payee name<br>Baytown Area Democrats  |   |
| Amount (\$)<br>\$25.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>8307 Caraway Cir<br><br>Baytown, TX 77521   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership            |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held                                   |   |
| Date<br>05/14/2021   | Payee name<br>Blue Action Democrats   |   |
| Amount (\$)<br>\$25.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>3500 werner Ave<br><br>Austin, TX 78722   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>donation              |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held                                   |   |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 2/17 Rpt: 7/24  | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>03/22/2021  | <b>5</b> Payee name<br>Braes Oaks Democrats   |   |
| <b>6</b> Amount (\$)<br>\$20.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1097 Villa Lea<br><br>Houston, TX 77071  |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>05/24/2021   | Payee name<br>Braes Oaks Democrats  |   |
| Amount (\$)<br>\$20.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>1097 Villa Lea<br><br>Houston, TX 77071   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership              |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>03/21/2021   | Payee name<br>Cypress-Tomball Democrats   |   |
| Amount (\$)<br>\$50.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>16215 Diamond Rock<br><br>Cypress, TX 77429   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>donation for food drive |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 3/17 Rpt: 8/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>02/11/2021   | <b>5</b> Payee name<br>Democratic Senatorial Campaign Committee   |   |
| <b>6</b> Amount (\$) \$25.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>120 Maryland Ave<br><br>Washington, DC 20002   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>donation |
|   | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                                 |   |
| Date<br>03/17/2021  | Payee name<br>Democratic Senatorial Campaign Committee  |   |
| Amount (\$) \$25.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>120 Maryland Ave<br><br>Washington, DC 20002  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>donation            |
|   | Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held  |   |
| Date<br>01/24/2021  | Payee name<br>Fifth Ward Chamber  |   |
| Amount (\$) \$25.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>5901 Market St<br><br>Houston, TX 77020   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership          |
|   | Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held  |   |



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 4/17 Rpt: 9/24  | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691   |
| <b>4</b> Date<br>06/10/2021  | <b>5</b> Payee name<br>Fiverr.com   |  |
| <b>6</b> Amount (\$)<br>\$25.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>401 Broadway, Suite 1600<br><br>New York, NY 10013 |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense      | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>graphics for business card      |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>02/28/2021   | Payee name<br>GoDaddy.com   |  |
| Amount (\$)<br>\$50.52<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd.<br>ste 219<br>Scottsdale, AZ 85260      |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>domain name (Dunson4Judge)                 |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>06/30/2021   | Payee name<br>GoDaddy.com   |  |
| Amount (\$)<br>\$237.28<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd.<br>ste 219<br>Scottsdale, AZ 85260      |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>website builder/microsoft 365/domain renew |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held   |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 5/17 Rpt: 10/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>02/07/2021  | <b>5</b> Payee name<br>Greater Heights Democratic Club  |   |
| <b>6</b> Amount (\$)<br>\$20.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020  |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>02/08/2021   | Payee name<br>Harris County Democratic Party  |   |
| Amount (\$)<br>\$20.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member     |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>04/07/2021   | Payee name<br>Harris County Democratic Party  |   |
| Amount (\$)<br>\$150.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>HCDP event sponsor    |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 6/17 Rpt: 11/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691   |
| <b>4</b> Date<br>05/03/2021  | <b>5</b> Payee name<br>Harris County Democratic Party   |  |
| <b>6</b> Amount (\$)<br>\$15.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____               |  |
| Date<br>05/28/2021   | Payee name<br>Harris County Democratic Party  |  |
| Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member            |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name _____ Office sought _____ Office held _____                 |  |
| Date<br>06/03/2021   | Payee name<br>Harris County Democratic Party  |  |
| Amount (\$)<br>\$15.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member            |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name _____ Office sought _____ Office held _____                 |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 7/17 Rpt: 12/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>06/09/2021  | <b>5</b> Payee name<br>Harris County Democratic Party  |   |
| <b>6</b> Amount (\$)<br>\$60.66<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>3 tickets for Road to 2022 |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought                      Office held  |
| Date<br>02/05/2021   | Payee name<br>Houston Black American Democrats   |   |
| Amount (\$)<br>\$100.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>P.O. Box 2252<br><br>Houston, TX 77252   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>dues                                  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held  |
| Date<br>06/14/2021   | Payee name<br>Houston GLBT Political Caucus  |   |
| Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member                     |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 8/17 Rpt: 13/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691   |
| <b>4</b> Date<br>03/14/2021  | <b>5</b> Payee name<br>Houston GLBT Political Caucus  |  |
| <b>6</b> Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member                 |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____               |  |
| Date<br>05/18/2021   | Payee name<br>Houston GLBT Political Caucus   |  |
| Amount (\$)<br>\$50.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>virtual fundraiser lift every voice and sing |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____               |  |
| Date<br>04/13/2021   | Payee name<br>Houston GLBT Political Caucus   |  |
| Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member                            |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____               |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 9/17 Rpt: 14/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691   |
| <b>4</b> Date<br>05/13/2021  | <b>5</b> Payee name<br>Houston GLBT Political Caucus  |  |
| <b>6</b> Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                                 |  |
| Date<br>06/14/2021   | Payee name<br>Houston GLBT Political Caucus   |  |
| Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member            |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held                                   |  |
| Date<br>05/17/2021   | Payee name<br>Houston Lawyers Association   |  |
| Amount (\$)<br>\$50.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>p.o. box 300009<br><br>Houston, TX 77230  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>ticket to 2021 Gala          |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held                                   |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 10/17 Rpt: 15/24  | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>02/09/2021  | <b>5</b> Payee name<br>Houston Lawyers Association  |   |
| <b>6</b> Amount (\$)<br>\$80.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>p.o. box 300009<br><br>Houston, TX 77230   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>02/09/2021   | Payee name<br>Humble Area Democrats   |   |
| Amount (\$)<br>\$20.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>p.o. box 3863<br><br>Humble, TX 77347-3863  |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>dues                  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>02/24/2021   | Payee name<br>Katy Area Democrats   |   |
| Amount (\$)<br>\$5.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>6205 Mallard Dr<br><br>Katy, TX 77493   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member     |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 11/17 Rpt: 16/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691   |
| <b>4</b> Date<br>03/24/2021   | <b>5</b> Payee name<br>Katy Area Democrats  |  |
| <b>6</b> Amount (\$)<br>\$5.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>6205 Mallard Dr<br><br>Katy, TX 77493  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____        |  |
| Date<br>04/25/2021  | Payee name<br>Katy Area Democrats   |  |
| Amount (\$)<br>\$5.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>6205 Mallard Dr<br><br>Katy, TX 77493   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____                 |  |
| Date<br>05/24/2021  | Payee name<br>Katy Area Democrats   |  |
| Amount (\$)<br>\$5.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>6205 Mallard Dr<br><br>Katy, TX 77493   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____                 |  |



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 12/17 Rpt: 17/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691   |
| <b>4</b> Date<br>06/24/2021   | <b>5</b> Payee name<br>Katy Area Democrats  |  |
| <b>6</b> Amount (\$)<br>\$5.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>6205 Mallard Dr<br><br>Katy, TX 77493  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>02/03/2021  | Payee name<br>Kingwood Area Democrats   |  |
| Amount (\$)<br>\$50.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>p.o. box 6177<br><br>Kingwood, TX 77325-6177  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership                   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>03/09/2021  | Payee name<br>Mexican American Bar Association  |  |
| Amount (\$)<br>\$75.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>p.o. box 303<br><br>Houston, TX 77001-0303  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>dues                         |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held   |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 13/17 Rpt: 18/24  | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691   |
| <b>4</b> Date<br>02/27/2021  | <b>5</b> Payee name<br>Meyerland Democrats  |  |
| <b>6</b> Amount (\$)<br>\$36.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 310061<br><br>Houston, TX 77231-0061  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership      |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                          |  |
| Date<br>04/12/2021   | Payee name<br>NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN  |  |
| Amount (\$)<br>\$299.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>1600 Dowling St<br>ste 410<br>Denver, TX 80218  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>child welfare law training |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                          |  |
| Date<br>04/16/2021   | Payee name<br>National Association of Women Judges  |  |
| Amount (\$)<br>\$130.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>p.o. box 3363<br><br>Warrenton, VA 20188  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership                 |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                          |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 14/17 Rpt: 19/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>06/02/2021   | <b>5</b> Payee name<br>National Counsel for Juvenile and Family Court Judges  |   |
| <b>6</b> Amount (\$)<br>\$195.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>p.o. box 8970<br><br>Reno, TX 89507  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>04/07/2021  | Payee name<br>OUR Revolution TEXAS (Harris County)  |   |
| Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>p.o. box 92961<br><br>Austin, TX 78709  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>05/07/2021  | Payee name<br>OUR Revolution TEXAS (Harris County)  |   |
| Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>p.o. box 92961<br><br>Austin, TX 78709  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 15/17 Rpt: 20/24  | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691   |
| <b>4</b> Date<br>06/07/2021  | <b>5</b> Payee name<br>OUR Revolution TEXAS (Harris County)   |  |
| <b>6</b> Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>p.o. box 92961<br><br>Austin, TX 78709   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                                 |  |
| Date<br>03/08/2021   | Payee name<br>OUR Revolution Harris County  |  |
| Amount (\$)<br>\$10.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>p.o. box 92961<br><br>Austin, TX 78709  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>sustaining member            |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held                                   |  |
| Date<br>04/16/2021   | Payee name<br>Pace Entertainment Group, LLC   |  |
| Amount (\$)<br>\$150.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>2600 S. Loop West<br>Suite 300 N<br>Houston, TX 77054   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>5000 business cards          |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held                                   |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 16/17 Rpt: 21/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>04/20/2021   | <b>5</b> Payee name<br>Pace Entertainment Group, LLC   |   |
| <b>6</b> Amount (\$)<br>\$119.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>2600 S. Loop West<br>Suite 300 N<br>Houston, TX 77054                                     |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>balance due on 5000 business cards |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held  |
| Date<br>01/14/2021  | Payee name<br>RoadWomen PAC  |   |
| Amount (\$)<br>\$50.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>p.o. box 22678<br><br>Houston, TX 77227  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>dues  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought                      Office held  |
| Date<br>04/23/2021  | Payee name<br>Run Sister Run PAC   |   |
| Amount (\$)<br>\$50.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>p.o. box 66470<br><br>Houston, TX 77266  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>donation "a night of giving"                  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 17/17 Rpt: 22/24   | <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691  |
| <b>4</b> Date<br>04/11/2021   | <b>5</b> Payee name<br>Sharp Shirts Plus   |   |
| <b>6</b> Amount (\$)<br>\$540.17<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>2834 S. Main St.<br><br>Stafford, TX 77477  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign donations App |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>02/01/2021  | Payee name<br>West Houston Democrats   |   |
| Amount (\$)<br>\$25.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership                        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/25/2021  | Payee name<br>southwest democrats  |   |
| Amount (\$)<br>\$20.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>p.o. box 2053<br><br>Bellaire, TX 77402  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>dues                              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |

# OUTSTANDING LOANS

## SCHEDULE L

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule L:<br>Sch: 1/1 Rpt: 23/24  |
| <b>2</b> FILER NAME<br>Dunson, Linda M. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081691 |
| LENDER INFORMATION   | <b>4</b> Name of lender<br>Dunson, Linda (Ms.)   |  |
|  | <b>5</b> Lender address; City; State; Zip Code<br><br>Houston, TX 77088                              |  |
| GUARANTOR INFORMATION  | <b>6</b> Name of guarantor   |  |
|  | <input checked="" type="checkbox"/> not applicable <b>7</b> Guarantor address; City; State; Zip Code |  |

# 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