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 39 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Linda M. NAME Date Received **ELECTRONICALLY FILED** 01/18/2022 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 Receipt # Amount **ADDRESS** Houston, TX 77267 Change of Address 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 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR)

Month

Month

Day

Day

03/01/2022

OFFICE HELD (if any)

ELECTION DATE

07/01/2021

Year

Year

Family District Court Judge District 309 Harris

PERIOD

10 ELECTION

11 OFFICE

COVERED

THROUGH

χ Primary

General

reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2021

12 OFFICE SOUGHT (if known)

Year

Other

Family District Court Judge District 309

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 39

13 C / OH NAME	Dunson, Linda M. (Th	ne Honorable)		14 Filer ID 00081691	(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions acce These expenditures may I d officeholders are required	have been made without t	the candidate's or of	fficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш -	GENERAL					
		COMMITTEE ADDRESS	i			
	SPECIFIC					
		COMMITTEE CAMPAIG	N TREASURER NAME			
		COMMITTEE CAMPAIG	N TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTR ES OF LOANS, OR CONT			S, \$	0.00
		ICAL CONTRIBUTION		9)	\$	46,063.35
EXPENDITURE TOTALS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES				\$	0.00	
				\$	12,928.19	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MA	INTAINED AS OF THE LA	AST DAY OF THE	\$	75,962.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OU TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	2,750.00
17 AFFIDAVIT						
		true a	ar, or affirm, under penalty nd correct and includes al Title 15, Election Code.	of perjury, that the	accompanying ed to be reporte	report is ed by me
			The Honor	rable Linda M. Du	nson	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
		ertify which, witness my ha				
Signature of office	cer administering oath	Printed name of office	cer administering oath	Title of off	icer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 39	
	ER NAM	ME Linda M. (The Honorable)	19 Filer ID 00081691	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	41,487.62
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,575.73
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	12,928.19
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	_
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	36.97
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	37.94

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/39
2	FILER NAME Dunson, Line	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 12/02/2021	5 Full name of contributor Anderson, Derek (Mr.) 6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$350.00
		Houston, TX 77074				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmLaw Offices of Derek R. Anderson & Associates			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/25/2021	Archer, Dawn C. (Ms.) Contributor address; City;	State; Zip Code			\$1,000.00
		Houston, TX 77041				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Bobby K. Ne	employer/law firm		Law firm of contributor's sp	oous	se (IT any)
	-	s a child, law firm of parent(s) (if	· any)			
	ii contributor i	s a cilliu, iaw iliiii oi pareili(s) (il	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/25/2021	Billings, Patricia				\$2,000.00
		Contributor address; City; S	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	f Patricia Garcia Billings				
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/39
2	FILER NAME	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 11/07/2021	Full name of contributor Blackmore, Dana (Ms.) Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		Los Angeles, CA 90086				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney					
10	10 Contributor's employer/law firmLaw Office of Dana T. Blackmore11 Law firm of contributor's sp			oou	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	12/23/2021 Boudreaux Jr., Rogers Contributor address; City; State; Zip Code			\$500.00		
		Houston, TX 77098			l	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
		dreaux, Attorney				
	If contributor is	s a child, law firm of parent(s) (if a	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/01/2021	Calehr, Haroen "Harun" Contributor address; City; S	tate; Zip Code			\$500.00
		Houston, TX 77092				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Caller & Ass					
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A(J)1: Sch: 3/13 Rpt: 6/39
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Dunson, Lin	da M. (The Honorable)		00081691
4	Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of Contribution (\$)
	11/17/2021	Carlin, Amy (Ms.)		\$750.00
		6 Contributor address; City; State; Zip Code		
		Houston, TX 77002-2040		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	The Carlin L	aw Firm		
12	! If contributor i	is a child, law firm of parent(s) (if any)		
-	Date	Full name of contributor ut-of-state PA	C (ID#:)	Amount of Contribution (\$)
	11/10/2021	Clevenger, George (Mr.)		\$1,000.00
		Contributor address; City; State; Zip Code		···
		, , , , , , , , , , , , , , , , , , , ,		
		Houston, TX 77069		
	Contributor's	I Principal Occupation	Contributor's Job Title	_ L
	Attorney	·	Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	George T. C	Clevenger, Attorney		
	If contributor	is a child, law firm of parent(s) (if any)	I	
	Date	Full name of contributor ut-of-state PA	C (ID#:)	Amount of Contribution (\$)
	11/28/2021	Cones, Marian		\$100.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		Houston, TX 77055		
_	Contributor's	I Principal Occupation	Contributor's Job Title	
	non-profit bu	usiness	owner	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Nandina Co	rporation		
	If contributor	is a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/39
2	FILER NAME Dunson, Line	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 08/24/2021	5 Full name of contributor Dale, Laura (Ms.) 6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77056				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmLaura Dale & Associates, PC11 Law firm of contributor's sp				oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	J		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/23/2021 Diggs, Cindy Contributor address; City; State; Zip Code			\$2,000.00		
		Houston, TX 77007				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm gs James & Sadler		Law firm of contributor's sp	oous	se (if any)
_		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a cilliu, iaw iiiiii oi pareiii(s) (i	i airy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/26/2021	Fritsch, Kelly				\$2,500.00
		Contributor address; City; Houston, TX 77007	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	этпстрат Оссирацоп		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		RITSCH, P.C.				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/39
2	FILER NAME	d- M (Th- 11			1	Filer ID (Ethics Commission Filers)
	Dunson, Lin	da M. (The Honorable)			—	00081691
4	Date 09/24/2021	5 Full name of contributor Gonzalez, Marco6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,500.00
		Houston, TX 77087				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
	The Gonzale	ez Law Group, P.L.L.C.				
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/25/2021 Good, Tracy (Mr.) Contributor address; City; State; Zip Code				\$500.00	
		Katy , TX 77536		_		
		Principal Occupation		Contributor's Job Title		
	Attorney			Associate Judge		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Harris Count	-				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/25/2021	Gregory, Myrna	_			\$2,000.00
		Contributor address; City; Houston, TX 77041	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Gregory Lav					
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/39
2	FILER NAME Dunson, Line	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 08/25/2021	Full name of contributor Hale, Catherine (Mrs.) Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,500.00
		Houston, TX 77043				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp		
_		ton Law Firm, P.C.		Hal D. Hale & Associate	es,	P.C.
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/25/2021	Hale, Hal Contributor address; City;	State; Zip Code			\$1,500.00
		Houston, TX 77056				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp		
	Hal D. Hale	& Associates, P.C.		The Herrington Law Fire	m, I	P.C.
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/25/2021	Hoffman, Robert	_			\$1,500.00
		Contributor address; City; Houston, TX 77019	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	of Robert S. Hoffman, PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/39
2	FILER NAME Dunson, Line	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 09/01/2021	09/01/2021 Jacob, Golda 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10		employer/law firm cob & Associates, PC		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (if	any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/12/2021 James, Jimmie (Mr.) Contributor address; City; State; Zip Code			\$100.00		
		Houston, TX 77098				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	retired			retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none If contributor i	a a shild law firm of narant(a) (ii	i anu)			
	ii contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	12/01/2021	James, Mark (Mr.)				\$150.00
		Contributor address; City; League City, TX 77573	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	engineer			engineer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Boeing					
	If contributor is	s a child, law firm of parent(s) (if	fany)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/39
2	FILER NAME Dunson, Line	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 11/17/2021	5 Full name of contributorMontano, Anton6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$25.00
		Houston, TX 77063				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmAnton Montano, Attorney11 Law firm of contributor's sp				ous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/25/2021 Nass, Joel A. Contributor address; City; State; Zip Code			\$1,500.00		
		Houston, TX 77057				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm of Joel A. Nass, PC		Law firm of contributor's sp	ous	se (If any)
		s a child, law firm of parent(s) (if	(any)			
	ii contributor i	s a crima, law iiriii or parcrit(3) (ii	uily)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
08/25/2021 Newman, Bobby (Mr.) Contributor address; City; State; Zip Code			•	\$2,500.00		
		Houston, TX 77098				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Bobby K. Ne					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/39
2	FILER NAME Dunson, Line	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 11/17/2021	5 Full name of contributor Nguyen, David6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Houston, TX 77066				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmDavid Nguyen Attorney at Law11 Law firm of contributor's sp				oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	11/17/2021 Osuji, Edmond Contributor address; City; State; Zip Code			\$200.00		
		Houston, TX 77074				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Edmond N. O'Suji				
	If contributor is	s a child, law firm of parent(s) (i	fany)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/25/2021	Parchman, Jon				\$1,500.00
		Contributor address; City; Houston, TX 77019	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	этпстрат Оссирацоп		Attorney		
		employer/law firm		Law firm of contributor's sp	วดนร	se (if any)
		aw Group PLLC				(()
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/39
2	FILER NAME Dunson, Line	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	09/08/2021 Rainwater, Charlotte (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,362.62		
		Houston, TX 77056				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmRainwater & Associates, PLLC11 Law firm of contributor's sp			oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	O8/25/2021 Slate, Dennis Contributor address; City; State; Zip Code				\$5,000.00	
	0	Deer Park, TX 77536-41	10	I 0		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		(1)
		employer/law firm ociates Attorneys at Law		Law firm of contributor's sp	oous	se (IT any)
			anu)			
	ii contributor ii	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/27/2021	Stout, Angela				\$500.00
		Contributor address; City; S Houston, TX 77008	State; Zip Code		1	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		aw Firm, P.L.L.C				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/39
2	FILER NAME	da M. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00081691
4	08/25/2021 Torres, Enrique (Mr.) 6 Contributor address; City; State; Zip Code				_	Amount of Contribution (\$) \$1,500.00
		Houston, TX 77018				
8	3 Contributor's Principal Occupation 9 Contributor's Job Title					
	Attorney			Attorney		
10	Contributor's of The Torres L	employer/law firm Law Group		11 Law firm of contributor's sp	oous	e (if any)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/17/2021 Tran, Thao (Ms.) Contributor address; City; State; Zip Code					\$250.00
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm of Thao T. Tran		Law firm of contributor's sp	oous	e (if any)
		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	o a orma, law mm or paremiles (a carry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/17/2021 Ude, Celestine Contributor address; City; State; Zip Code			\$500.00		
		Houston, TX 77063				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's s					e (if any)
Law Firm of Celestine Ude						
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/13 Rpt: 15/39
2	FILER NAME Dunson, Line	da M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081691
4	08/25/2021 Van Ness, John 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$3,000.00
		Houston, TX 77098				
8	B Contributor's Principal Occupation 9 Contributor's Job Title					
	Attorney			Attorney		
10	Contributor's e John E. Van	employer/law firm Ness, PC		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/21/2021	Vuong, David Contributor address; City;	State; Zip Code			\$200.00
		Houston, TX 77072		I		
		Principal Occupation		Contributor's Job Title Attorney		
_	Attorney	employer/law firm		Law firm of contributor's sp	20110	o (if any)
		of David C. Vuong		Law iiiii oi contiibatoi 3 3	Jous	e (ii ariy)
		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/01/2021	Vuong, David Contributor address; City; Houston, TX 77072	State; Zip Code			\$100.00
-	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney Attorney					
Contributor's employer/law firm Law firm of contributor's s					oous	e (if any)
Law Offices of David C. Vuong & Associates						
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/39		
2	FILER NAME Dunson, Lin	da M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081691		
4	Date 10/15/2021	 Full name of contributor out-of-state PAC (ID Vuong, David Contributor address; City; State; Zip Code Houston, TX 77072 	#:)	7 Amount of Contribution (\$) \$100.00		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
•	Attorney		Attorney			
10	Contributor's	employer/law firm of David C. Vuong & Associates	11 Law firm of contributor's sp	pouse (if any)		
12		s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ut-of-state PAC (ID	#:)	Amount of Contribution (\$)		
11/22/2021 Willie, Christine Sampson Contributor address; City; State; Zip Code Houston, TX 77096				\$250.00		
	Contributor's I	I Principal Occupation	Contributor's Job Title	<u> </u>		
	Attorney		Attorney			
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)		
	Christine M.	Sampson, PLLC				
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)		
	11/10/2021	Womack, Gerald Contributor address; City; State; Zip Code Houston, TX 77004		\$1,000.00		
Contributor's Principal Occupation Contributor's Job Title						
Real Estate Realtor						
Contributor's employer/law firm Law firm of contributor's s				oouse (if any)		
	Womack Re	alty				
	If contributor i	s a child, law firm of parent(s) (if any)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this f	1 Total pages Sch Sch: 1/3 Rpt:						
2 FILER NAME Dunson, Lir	Enda M. (The Honorable)	3 Filer ID (Ethic 00081691	s Commission Filers)					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date 11/17/2021	7 Contributor address; City; State; Zip Code Houston, TX 77074	contribution (\$) \$161.51	9 In-kind contribution description I bar tab \$105.22 to White Rhino and food tab \$56.29 Joshua El Charro food truck for Campaign I butside of Texas. Complete Schedule T.					
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ir	nstructions)				
Attorney	principal occupation (FOR JUDICIAL)	13 Contributor's job title Attorney		(See instructions)				
	employer/law firm (FOR JUDICIAL) ffices of Derek R. Anderson & Associates	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 11/17/2021	Full name of contributor out-of-state PAC (ID#:)	In-kind contribution description cupcakes from Sam's for white rhino campaign kickoff					
	Fresno, TX 77545		Check if travel of	I I outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See in	nstructions)				
Contributor's Attorney	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Attorney						
	employer/law firm (FOR JUDICIAL) lones Law Firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 09/23/2021	Full name of contributor out-of-state PAC (ID#: Griggs, Edna (Mrs.) Contributor address; City; State; Zip Code			In-kind contribution description I in kind contributionfor Acres of Angels Mardi gras Houston 2021				
Principal occi	Houston, TX 77253 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		Unutside of Texas. Complete Schedule T. Instructions)				
Contributor's retired	principal occupation (FOR JUDICIAL)	Contributor's job title retired	(FOR JUDICIAL)	(See instructions)				
Contributor's none	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this f	1 Total pages Sch: 2/3 Rpt:						
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)					
Dunson, Lir	nda M. (The Honorable)	00081691						
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date 11/17/2021	7 Contributor address; City; State; Zip Code Katy, TX 77450		contribution (\$) \$120.00	9 In-kind contribution description I for baklava purchased fro sweet factory 3330 hillcroft for campaign I kickoff at white rhino uuside of Texas. Complete Schedule T.				
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ii	nstructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)				
real estate		real estate broker						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
Alexandria	Realty & Mortgage LLC							
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution				
11/17/2021	Miller, Korinthia (Ms.)		contribution (\$) descrip					
	Contributor address; City; State; Zip Code			Rhino campaign kickoff				
				I				
				[
	Houston, TX 77074		Check if travel of	outside of Texas. Complete Schedule T.				
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)				
Contributor's Attorney	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Attorney						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
Korinthia M	liller, Attorney							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description				
08/25/2021	Titalini Tatao i ji a Titalini Tatao			campaign dinner at				
	Contributor address; City; State; Zip Code			Ouisies				
				I I				
	Houston, TX 77056			i				
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T.				
i illopai occ	Employer (1 St. 1401 Copies E.)							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)				
Attorney	•	Attorney	,					
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
	, ,			•				
Rainwater & Associates, PLLC								
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

CONTRIBUTIONS	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: Sch: 3/3 Rpt: 19/39
2 FILER NAME Dunson, Linda M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081691
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
5 Date 07/23/2021 6 Full name of contributorout-of-state PAC (ID#:	8 Amount of contribution (\$) 9 In-kind contribution description 9 In-kind contribution 9 In-kind contribution 4 description 4 descri
Houston, TX 77536	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR N	NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL) payroll manager 13 Contributor's job payroll manager	title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contri	butor's spouse (if any) (FOR JUDICIAL)
Slate & Associates Attorneys at Law Slate & Associa 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ates Attorneys at Law

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/17 Rpt: 20/39	Dunson, Linda M. (The Honorable) 00081691
4	Date	5 Payee name
	09/24/2021	Acres of Angeles
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	p.o. box 38027
		houston, TX 77238
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		cash app LaBlanche Deal sponsor (250 less 125 in
		kind donation) Acres of Angels Masquerade Party
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/31/2021	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	P.O. Box 27459
		Houston, TX 77227-7459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		statement fees for six months at \$2 per month
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/13/2021	Bay Area New Democrats
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	P.O. Box 890381
	Ψ20.00	1.0. box 030301
		Houston, TX 77062
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership dues 2021
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Credit Card Payment	der/Political	The Instruction Guide explains how to c	-	ete this form.
1 Total pages Sched	ule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 2/17 Rpt: 2	21/39	Dunson, Linda M. (The Honorable)	00081691	
4 Date		5 Payee name		
10/22/2021		Bay Area New Democrats		
6 Amount (\$)	521.00	7 Payee address; City; State; Zip C P.O. Box 890381	ode	
		Houston, TX 77062		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) membership	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues 2022
9 Complete ONLY if of expenditure to bene		Candidate/Officeholder name Office so	ught	Office held
Date		Payee name		
11/15/2021		Baytown Area Democrats		
Amount (\$)	30.00	Payee address; City; State; Zip C 8307 Caraway Cir	ode	
		Baytown, TX 77521		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense tickets to Holiday Event
Complete ONLY if of expenditure to bene		Candidate/Officeholder name Office so	ught	Office held
Date		Payee name		
11/18/2021		Bowers Jr., Williams		
Amount (\$) \$1	.65.50	Payee address; City; State; Zip C 3822 Jackson Bluff Dr.	ode	
		Katy, TX 77449		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense security for campaign kickoff 11/172021 at White Rhino
Complete ONLY if of expenditure to bene		Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 22/39	Dunson, Linda M. (The Honorable) 00081691
4	Date	5 Payee name
	11/09/2021	Competitive Edge Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	2412A South Highway 6
		Houston, TX 77077
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense sponsor Holiday Community Affair
		Sponsor Holiday Community Andii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Payee name
	12/09/2021	Diaz, Nelly
	Amount (\$)	
	\$270.00	17039 Irish Oaks Ct
		Houston, TX 77083
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense National AdoptionDay 1/18/2021 (arch, table
		centerpieces, picture frame backdrop)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	11/16/2021	Payee name Fort Bend United
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. box 420811
		houston, TX 77242
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		sponsor Holiday Toy Distribution TPEC and Fort Bend united for Constable Garcia
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Ma

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

	Candidate/Officeholder/Politica			Awards/Memoriais Exp al Services			se s/Contract Labor		OTHER (enter a	a category not listed above)
	Credit Card Payment		The	Instruction Guide	e explains how to co	ompl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/17 Rpt: 23/39		Dunson, Linda	M. (The Honor	able)				00081691	
4	Date	5	Payee name				•			
	10/04/2021		HEB Central M	arket						
6	Amount (\$)	7	Payee address;	City;	State; Zip C	ode				
	\$80.73		3815 Westhein	ner Rd						
			Houston, TX 77	7027						
8	PURPOSE	(a)	Category (See Ca	togorios listod at the t	on of this schodulo)	(b)	Description			
	OF		Event Expense		op of this schedule)	` ′		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		•				ш		officeholder living	
							charcuterie be signing event			, snacks for petition
								. aı		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeh	older name	Office so	ught			Office h	eld
		_								
	Date	ı	Payee name							
	08/09/2021		Harris County I	Democratic Par	rty					
	Amount (\$)	ı	Payee address;	City;	State; Zip C	ode				
	\$5,000.00		4619 Lyons Av	e						
			Houston, TX 77	7020						
	PURPOSE	(a)	Category (See Ca	tegories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/E		,					nplete Schedule T.
			Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense 2021 Primary coordinated campaign					
							,			
	Complete ONLY if direct		Candidate/Officeh	older name	Office so	<u>I</u> ught			Office h	eld
	expenditure to benefit C/O	Н								
_	Date		Payee name							
	11/09/2021	ı	Harris County I	Democratic Par	rty					
	Amount (\$)		Payee address;	City;	State; Zip C	ode				
	\$100.00	ı	4619 Lyons Av	-	, ,					
			•							
			Houston, TX 77	7020						
	PURPOSE		Category (See Ca		on of this schedulo)	(b)	Description			
	OF		Event Expense		op of this schedule)	`´		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		•				ш		officeholder living	g expense
							sponsor fall fe	esti	val	
	0 1. 0	L_				<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeh	older name	Office so	ught			Office h	ela

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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)

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 24/39		Dunson, Linda M. (The Honorable)		00081691
4	Date	5	Payee name		·
	12/02/2021		Harris County Democratic Party		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$2,500.00		4619 Lyons Ave		
			Houston, TX 77020		
8	PURPOSE	(a)	10.	(h)	Description
	OF	رس	Category (See Categories listed at the top of this schedule) Fees	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1 000		Check if Austin, TX, officeholder living expense
					campaign filing fee
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/Ol	H			
	Date		Payee name		
	11/01/2021		Houston Black American Democrats		
	Amount (\$)	H	Payee address; City; State; Zip Co	ode	_
	\$250.00		P.O. Box 2252		
			Houston, TX 77252		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	``	Event Expense	(-,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		p		Check if Austin, TX, officeholder living expense
					sponsor for fall fundraiser
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ıght	Office held
	experience to benefit Gree	_			
	Date		Payee name		
	12/06/2021		Houston Black American Democrats		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$100.00		P.O. Box 2252		
			Houston, TX 77252		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		membership		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE				Check if Austin, TX, officeholder living expense
					membership dues
				<u> </u>	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ıght	Office held
		•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/17 Rpt: 25/39	Dunson, Linda M. (The Honorable) 00081691
4	Date	5 Payee name
	09/08/2021	Houston LGBTQ+ Political Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 66664
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Equality Brunch
		=qaaaay 27anon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/27/2021	Houston LGBTQ+ Political Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
	420.00	
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	membership Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		sustaining membership
	One of the ONE Wife diagram	Open Helder (Office helder warms and Office helder (Office helder
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	11/15/2021	Houston LGBTQ+ Political Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		He stee TV 77000
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) membership Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	membership Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sustaining member dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/17 Rpt: 26/39	Dunson, Linda M. (The Honorable) 00081691
4	Date	5 Payee name
	12/13/2021	Houston LGBTQ+ Political Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	membership Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense sustaining member
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	08/20/2021	Katy Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6205 Mallard Dr
		Katy, TX 77493
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense sponsor Katy Area Democrats Fall Picnic
		Sponsor Raty Area Democrats Fair Fichic
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
L	09/02/2021	Katy Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	6205 Mallard Dr
		Katy, TX 77493
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	membership Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sustaining membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/17 Rpt: 27/39	Dunson, Linda M. (The Honorable)	00081691
4	Date	5 Payee name	
	10/06/2021	Khan, Shapnik	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	20506 Autumn Shore Dr.	
		Katy, TX 77450	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	el outside of Texas. Complete Schedule T.
	LAI LIIDITORE	,	tin, TX, officeholder living expense
		lor event tic	ket for Fe y Justicia gala
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
5	expenditure to benefit C/O		Office field
_	Date	Davida nama	
	11/19/2021	Payee name Lee, Earnest G.	
	Amount (\$)		
	\$165.50	12453 Dairy Ashford Rd.	
		Houston, TX 77099	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	T Solicitation and alsing Expense T I	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			campaign kickoff 11/17/2021 at White
		Rhino	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	12/21/2021	Meyerland Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 310061	
		Houston, TX 77231-0061	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	el outside of Texas. Complete Schedule T.
	LAI LINDITORE		tin, TX, officeholder living expense
		sponsor me	eyerland 20th
	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/O	•	Office rield
	·		

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/17 Rpt: 28/39	Dunson, Linda M. (The Honorable)		00081691
4	Date	5 Payee name		•
	08/30/2021	PayPal		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$0.16	2211 North First St		
		San Jose, CA 95131-2021		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				verify bank for dunsonforjudge@gmail.com
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	12/09/2021	R & M Wholesale USA Inc		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$200.75	879 Oberlin Ave SW		
		Massillon, OH 44647		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense winter hats and gloves for children under TDFPS in
				RTCs
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		giit	Cince Hold
	Date	Davisa nama		
	08/16/2021	Payee name Run Sister Run PAC		
	Amount (\$) \$350.00	Payee address; City; State; Zip Cop.o. box 66470	oue	
	φ330.00	μ.σ. σολ σο47σ		
		Harratara TV 77000		
		Houston, TX 77266		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Charlest strangle straight of Tourne Complete School de T
	EXPENDITURE	membership		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				membership in Sister Circle
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 10/17 Rpt: 29/39	Dunson, Linda M. (The Honorable)		00081691
4	Date	5 Payee name		-
	10/25/2021	Run Sister Run PAC		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$175.00	p.o. box 66470		
		Houston, TX 77266		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense 3 tickets to Tea Party
				3 lickets to rea Faity
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Office field
_	Date	Payee name		
	10/28/2021	SQUARE Inc		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$14.80	1455 Market St.		
	, =	suite 600		
		San Francisco, CA 94103		
_	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000		Check if Austin, TX, officeholder living expense
				fee charged for Stout donation
				25
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held
_	D :	_		
	Date 11/18/2021	Payee name SQUARE Inc		
		•		
	Amount (\$) \$1.03	Payee address; City; State; Zip Co 1455 Market St.	ode	
	\$1.05			
		suite 600		
		San Francisco, CA 94103		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				fee on Montano donation
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/OI	1		

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 30/39	Dunson, Linda M. (The Honorable) 00081691
4	Date	5 Payee name
	12/24/2021	SQUARE Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.80	1455 Market St.
		suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		fee charged for use of service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/03/2021	SQUARE Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.45	1455 Market St.
		suite 600
		San Francisco, CA 94103
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		fee for use of service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/02/2021	SQUARE Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.65	1455 Market St.
		suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		fees for use of service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 12/17 Rpt: 31/39	2 FILER NAME Dunson, Linda M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081691
4	Date 11/29/2021	5 Payee name SQUARE Inc
6	Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 1455 Market St. suite 600 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fee for use of service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/30/2021	Payee name SQUARE Inc
	Amount (\$) \$0.19	Payee address; City; State; Zip Code 1455 Market St. suite 600 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fees to test service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/27/2021	Payee name Texas Democratic Women Harris County
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 1445 North Loop West, Suite 110
		Houston, TX 77008
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sponsor (Anise Parker level) 2021 WOMAN MAKING HISTORY LUNCHEON, paid thru actiblue
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	lete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 13/17 Rpt: 32/39	Dunson, Linda M. (The Honorable)		00081691	
4	Date	5 Payee name		•	
	09/02/2021	Texas Gulf Coast Area Labor Federation AFL-	CIO)	
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$250.00	2506 Sutherland			
		Houston, TX 77023			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE			Check if Austin, TX, officeholder living expense sponsor Women of Labor Annual Labor Day	
				Breakfast-Harris County Labor Assembly	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		
9	expenditure to benefit C/OI		igiit	. Office field	
_	Data				
	Date 10/01/2021	Payee name facebook.com			
	Amount (\$)	Payee address; City; State; Zip Co	oae		
	\$10.82	1 Hacker Way			
		Marila Barila OA 04005			
		Menlo Park, CA 94205	I		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense		Check if dustin, TX, officeholder living expense	
				facebook ad	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1			
	Date	Payee name			
	10/01/2021	facebook.com			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$10.00	1 Hacker Way			
		Menlo Park, CA 94205			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE			Check if Austin, TX, officeholder living expense	
				instagram ad	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	lab+	t Office held	
	Complete ONLY if direct expenditure to benefit C/OI		ıgrıl	. Office held	

SCHEDULE F1

Fees

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 33/39	Dunson, Linda M. (The Honorable)	00081691
4	Date	5 Payee name	•
	12/01/2021	facebook.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.00	1 Hacker Way	
		Menlo Park, CA 94205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	,	Check if Austin, TX, officeholder living expense
			facebook ad
_	Operation ONLY if the est	On distance Office health and one of the country	Office hald
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	11/16/2021	kingdom builders cathedral	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	7937 Count St	
		Houston, TX 77028	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		<u> </u>	Turkey Give away Pastor Terrance Hall
			rame, erre amay racio. remailes maii
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
	Date	Payee name	
	10/05/2021	kirby icehouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.51	3333 Eastside St	
	Ψ00.01	ooo Lastaid of	
		Houston, TX 77098	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			drink tab for petition signing event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee L	egal Services		Salarie	-	s/Contract Labor		OTHER (ent		not listed above)
				The Instructi	on Guide e	explains how to	compl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics	s Commission Filers)
	Sch: 15/17 Rpt: 34/39		Dunson, Line	da M. (The	Honorab	ole)				0008169	1	
4	Date	5	Payee name									
	07/02/2021		print n sign									
6	Amount (\$)	7	Payee address	s; City;		State; Zip	Code					
	\$140.72		7350 Harwin	Dr.		·						
			Suite 316A									
			Houston, TX	77036								
_	PURPOSE	⊢					(h)	<u> </u>				
8	OF		Category (See		ed at the top	of this schedule)	(a)	Description Check if travel	outei	de of Teyas ('omnlete Sch	nadula T
	EXPENDITURE		Printing Expe	ense				Check if Austin				
								5000 campai	ign	business	cards	
9	Complete ONLY if direct		Candidate/Offic	eholder nar	ne	Office s	ought			Office	held	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	10/15/2021		print n sign									
	Amount (\$)		Payee address	s; City;		State; Zip	Code					
	\$784.81		7350 Harwin	Dr.								
			Suite 316A									
			Houston, TX	77036								
	PURPOSE	(a)	Category (See	e Categories list	ted at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		Printing Expe			,		Check if travel	outsi	de of Texas. C	omplete Sch	nedule T.
	LAFENDITORE							Check if Austin			ving expense	2
								tshirts and pr	rıntı	ng		
	0 1: 0.11.7.7.1.	<u> </u>	- " ' (0"			0.00				0,5		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder nar	ne	Office s	ought			Office	held	
		_										
	Date		Payee name									
	11/04/2021		southwest de	emocrats								
	Amount (\$)	1	Payee address			State; Zip	Code					
	\$10.00		p.o. box 205	3								
			Bellaire, TX	77402								
	PURPOSE	(a)	Category (See	e Categories list	ted at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		membership					Check if travel				
								Check if Austin			ving expense	<u>,</u>
								sustaining m	CIII	DGI		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder nar	ne	Office s	nuaht			Office	held	
	expenditure to benefit C/OI		za ididale/OillC	CHOIGE HAI	i i G	Office 5	ougiil			Onice	HEIU	
_												

SCHEDULE F1

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	The Instruction Guide explains how to compl	,		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)		
	Sch: 16/17 Rpt: 35/39	Dunson, Linda M. (The Honorable) 00081691			
4	Date	5 Payee name	<u> </u>		
	12/07/2021	southwest democrats			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.00	p.o. box 2053			
		Bellaire, TX 77402			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF	membership	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense		
			sustaining member dues		
_					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	12/06/2021	southwest democrats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	p.o. box 2053			
		Bellaire, TX 77402			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	membership	Check if travel outside of Texas. Complete Schedule T.		
	_/		Check if Austin, TX, officeholder living expense		
			sustaining member		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI		Office field		
	Date	Payee name			
	09/09/2021	trahan design			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	3111 Jorns St			
		Houston, TX 77045			
	PURPOSE OF	, ,	Description		
	EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
			graphics design postcard, business card, t-shirt and		
			virtual background		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	3			

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/17 Rpt: 36/39	Dunson, Linda M. (The Honorable) 00081691
4	Date	5 Payee name
	10/19/2021	walmart supercenter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.20	2727 Dunvale
		Houston, TX 77063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		jury snacks
Ļ	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	•	
	Date	Payee name
	11/17/2021	walmart supercenter
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.37	2727 Dunvale
		Houston, TX 77063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense tablecloths, frames, name tags etc for campaign
		kickoff at white rhino
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE |

		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Dunson, Linda M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081691
4	Date 11/08/2021	5 Payee name becks prime
6	Amount (\$) 36.97	7 Payee Address; City; State; Zip 2615 Augusta Houston, TX 77057
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) inadvertent used wrong debit/reimbursement made

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 38/39 2 FILER NAME Filer ID (Ethics Commission Filers) Dunson, Linda M. (The Honorable) 00081691 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/27/2021 Dunson, Linda \$36.97 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77267 Purpose for which amount is received Check if political contribution returned to filer reimburse for food at beck prime Name of person from whom amount is received Amount (\$) Date 08/30/2021 **PAYPAL** \$0.16 Address of person from whom amount is received; City; State; Zip Code San Jose, CA 95131 Purpose for which amount is received Check if political contribution returned to filer test deposit for Judge Linda M. Dunson Date Name of person from whom amount is received Amount (\$) 08/30/2021 Square Inc \$0.81 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94103 Purpose for which amount is received Check if political contribution returned to filer test deposit for Judge Linda M. Dunson

OUTSTANDING LOANS			SCHEDULE L
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 39/39
	ILER NAME Dunson, Linda M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081691
	LENDER INFORMATION	4 Name of lender Dunson, Linda (Ms.)	<u> </u>
		5 Lender address; City; State; Zip Code	
		Houston, TX 77088	
	GUARANTOR INFORMATION	6 Name of guarantor	
	X not applicable	7 Guarantor address; City; State; Zip Code	