CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00081691	,	16			Date Received	OOL ONL!
3	CANDIDATE /	MS / MRS / MR	I FIRST		MI	ELECTRONIC	ALLY FII FD
	OFFICEHOLDER NAME	Ms.	Linda M.			10/10/2018	
	INVINE	NICKNAME	LAST		SUFFIX		
		Marie	Dunson			Date Hand-delivered o	or Data Dootmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered o	n Date Postmarked
	REPORT TYPE	July 15	Exceeded \$500 lim	it		Receipt #	Amount
		χ 30th day before election	15th day after cam			-1	
		8th day before election	appointment (office	**		Date Processed	•
5	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	-	
,	COVERED	07/01/2018	THROUGH	09/27/2018	Teal	Date Imaged	
6	EXPLANATION OF C	l		33,2172010		<u> </u>	
7	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjury	y, that this correcte	d report is true
7	AFFIDAVIT		and				d report is true
7	AFFIDAVIT		and	correct.	and all applica	ble statements:	
7	AFFIDAVIT		and	correct.	and all applicas: I swear, or aith and without	ble statements: affirm that the orig	inal report
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infe Other reports:	v and all applica s: I swear, or aith and without ormation contai	ble statements: affirm that the origing an intent to misleaned in the report. that I am filing this	inal report d or to s corrected
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infe	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or	able statements: affirm that the origing an intent to misleate to misleate the distribution of the report. that I am filling this less day after the data accurate or incompared.	inal report d or to s corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: Is report not later than that the report as or swear, or affirm, tha	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or	affirm that the original an intent to misleated in the report. That I am filing this less day after the data accurate or incommission in the report	inal report d or to s corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith. Ms. Linda M.	affirm that the original an intent to misleated in the report. That I am filing this less day after the data accurate or incommission in the report	inal report d or to s corrected te I learned plete. I
7		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith. Ms. Linda M.	able statements: affirm that the origing an intent to misleate the report. that I am filling this less day after the day after the day accurate or incompassion in the report.	inal report d or to s corrected te I learned plete. I
7	AFFIX NOTARY ST		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	w and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ignally filed is ir t any error or or ood faith. Ms. Linda M. ure of Candidate	affirm that the original ran intent to misleated in the report. That I am filing this less day after the data accurate or incommission in the report. Dunson The or Officeholder	inal report d or to s corrected te I learned plete. I rt as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ignally filed is ir t any error or or ood faith. Ms. Linda M. ure of Candidate, this t	affirm that the original ran intent to misleated in the report. That I am filing this less day after the data accurate or incommission in the report. Dunson The or Officeholder	inal report d or to s corrected te I learned plete. I rt as originally
7	AFFIX NOTARY ST Sworn to and subsc		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ignally filed is ir t any error or or ood faith. Ms. Linda M. ure of Candidate, this t	affirm that the original ran intent to misleated in the report. That I am filing this less day after the data accurate or incommission in the report. Dunson The or Officeholder	inal report d or to s corrected te I learned plete. I rt as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ignally filed is ir t any error or or ood faith. Ms. Linda M. ure of Candidate, this t	affirm that the original ran intent to misleated in the report. That I am filing this less day after the data accurate or incommission in the report. Dunson The or Officeholder	inal report d or to s corrected te I learned plete. I rt as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ignally filed is ir t any error or or ood faith. Ms. Linda M. ure of Candidate, this t	affirm that the original ran intent to misleated in the report. That I am filing this less day after the data accurate or incommission in the report. Dunson The or Officeholder	inal report d or to s corrected te I learned plete. I rt as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Linda M. NAME Date Received **ELECTRONICALLY FILED** 10/10/2018 NICKNAME LAST **SUFFIX** Marie Dunson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 670785 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77267 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Charlayne Bibbs NAME NICKNAME LAST **SUFFIX** Collins STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 12415 Glenleigh **ADDRESS** (Residence or Business) Houston, TX 77014 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 827-2550 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 X appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2018 09/27/2018 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/06/2018 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 309

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 16

13 C / OH NAME	Dunson, Linda M. (M	s.)	14 Filer ID 00081691	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to dofficeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 5.00
		TICAL CONTRIBUTIONS	a).	\$ 3,491.50
EXPENDITURE TOTALS	`	PLEDGES, LOANS, OR GUARANTEES OF LOANS CAL EXPENDITURES OF \$100 OR LESS, UNLESS	•	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 5,790.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 766.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 2,750.00
17 AFFADAVIT	1			<u> </u>
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Ms. I	Linda M. Dunson	
		Signature of	Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					4 of 16
18 FILE	ER NAM	(Ethics Comm	ission Filers)		
20 SCH	HEDUL ME OF	SUBTOTA	AL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,375.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,116.50
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	4,060.36
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	865.00
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	865.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RITO FILER	ETURNED	\$	303.20

	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: 1/3 Rpt: 5/16
2	FILER NAME Dunson, Line	da M. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 09/13/2018	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$350.00	
		Houston, TX 77042				
8		Principal Occupation		9 Contributor's Job Title		
	Finance			Private Equity investor		
10	Ocontributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>		
		, , , , , , , , , , , , , , , , , , , ,	,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/17/2018 Davis, Ed (Mr.) Contributor address; City; State; Zip Code			•	\$100.00	
		Houston, TX 77024				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Legal			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Law Office o	f Ed Davis				
	If contributor is	s a child, law firm of parent(s) (if a	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/16/2018	Family Lawyers for Good	Judges PAC			\$670.00
		Contributor address; City; S Webster, TX 77598-2033				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor 5	тторы Оббаралогі		Contributor 5 Cos Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	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: 2/3 Rpt: 6/16
2	FILER NAME Dunson, Line	da M. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 09/25/2018	5 Full name of contributor Good, Tracy (Mr.) 6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$100.00
		Houston , TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Legal Servic			Attorney		
10	Contributor's of The Good La	employer/law firm aw Firm		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if a	any)			
		, ,,,	.,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/19/2018 Grubb, Elyse (Ms.) Contributor address; City; State; Zip Code					\$500.00
	Contributor's I	Houston, TX 77010 Principal Occupation		Contributor's Job Title		
	none	molpai Godapailon		none		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none					
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/20/2018	Quintana, Christopher (M	r.)			\$300.00
		Contributor address; City; S Houston, TX 77010	tate; Zip Code			
	Contributor's F			Contributor's Job Title		
				salesman		
_	Contributor's employer/law firm Law firm of contributor's s			ous	se (if any)	
	Omniguide S			none		
	If contributor is	s a child, law firm of parent(s) (if a	any)			

MONET	TARY POLITICAL (CONTRIBUTION	ONS		SCHEDULE A(J)1	
The Instru	ıction Guide explains how	to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/3 Rpt: 7/16	_
2 FILER NAME				3	Filer ID (Ethics Commission Filers)	_
Dunson, Lin					00081691	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/20/2018	Quintana, Christopher (Mi	r.)			\$300.0	10
	Houston, TX 77010					
8 Contributor's	Principal Occupation		9 Contributor's Job Title			
Medical Dev			salesman			
	employer/law firm		11 Law firm of contributor's s	nous	se (if any)	_
none	employer/law lillii		Law IIIII of Contributor 5 5	pou.	se (ii aiiy)	
	is a child, law firm of parent(s) (if a	any)				_
12 II COILLIDULOI	is a crillu, law littii of parerit(s) (ii a	arry)				
				_		_
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/17/2018					\$50.0)()
	Contributor address; City; St	tate; Zip Code				
	Fontana, CA 92336					
Contributor's	Principal Occupation		Contributor's Job Title			
homemaker			none			
Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)	
none						
If contributor	is a child, law firm of parent(s) (if a	any)	l			_

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

			_	A 2
SCF	4FC	บเม	F	AZ

	The Instru	ction Guide explains how to complete this f	1 Total pages Sch	nedule A2:			
	ille ilistiu	iction Guide explains now to complete this is	Sch: 1/1 Rpt:	8/16			
2	FILER NAME			· ·	s Commission Filers)		
	Dunson, Lin	da M. (Ms.)		00081691			
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5	Date	6 Full name of contributor out-of-state PAC (ID#:)		9 In-kind contribution		
	08/31/2018	Quintana, Christopher (Mr.)		contribution (\$)	description name tags, buttons and		
		7 Contributor address; City; State; Zip Code			banner from Kwik Kopy		
		Houston, TX 77010		l 🖂			
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		utside of Texas. Complete Schedule T.		
	Timolpai occi	apadion, ood tide (i on non ood on it) (coo management)	II Employer (For Norv	- COBIONAL) (COCA			
		principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
	medical dev		Salesman				
		employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (I	FOR JUDICIAL)		
	Omniguide :						
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		
	08/31/2018	Quintana, Christopher (Mr.)		contribution (\$)			
		Contributor address; City; State; Zip Code			car magnets from Print n Sign		
		Harris TV 77040		;			
	Dain de et e e e	Houston, TX 77010	Frankrika (FOR NON	Check if travel outside of Texas. Complete Schedule T.			
	Principai occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	istructions)		
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	e (FOR JUDICIAL) (See instructions)			
	Medical Dev	vice Sales	Salesman	Salesman			
		employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (I	FOR JUDICIAL)		
	self						
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date	Full name of contributor ut-of-state PAC (ID#:	١	Amount of	In-kind contribution		
	09/05/2018	Quintana, Christopher (Mr.))	contribution (\$)	description		
		Contributor address; City; State; Zip Code			video translation service from Rev.com		
		3,, P			ilolli Rev.colli		
	Houston, TX 77010			Check if travel o	utside of Texas. Complete Schedule T.		
	Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ir	nstructions)		
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
	Medical Dev	' ' ' ' '	Salesman	,			
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (I	FOR JUDICIAL)		
	Omniguide :	Surgical					
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				
L							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 1/4 Rpt: 9/16	Dunson, Linda M. (Ms.) 00081691
4	Date	5 Payee name
	08/10/2018	Amanda, Sapp (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.20	1114 Pecan Green Way
		Houston, TX 77072
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.
		Check if Austin, TX, officeholder living expense campaign booth at Black Expo
		campaigh booth at black Expo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	09/10/2018	Black Women's Pac
H	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P.O. Box 8325
		Houston, TX 77288
	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 First Ladies Appreciation Breakfast
		Filst Laules Appleciation Breaklast
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
F	Date	Payee name
	08/10/2018	Buck Street Church
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	3510 Des Chaumes
	Ψ10.00	5515 BGS CHAMINGS
		Houston, TX 77026
H	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ad in souvenir booklet
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Credit Card F dyment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 2/4 Rpt: 10/16	Dunson, Linda M. (Ms.)		00081691	
4 Date	5 Payee name			
09/14/2018	Charity Productions			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$550.00	8607 Martin Luther King blvd			
	Houston, TX 77033			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Event Expense	ı <u> </u>	I outside of Texas. Com	nplete Schedule T.
EXPENDITURE		. —	n, TX, officeholder livin	g expense
		Community I	Breakfasts	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office h	eld
expenditure to benefit C/O	п			
Date	Payee name			
09/25/2018	GoFundMe We Pay			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$113.10	P.O. Box 1329			
	Redwood City, CA 94063			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees	l <u>—</u>	l outside of Texas. Con	pplete Schedule T.
EXPENDITURE		ı <u>—</u>	n, TX, officeholder living	
		fees for cont	ributions receiv	ed through gofundme
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office h	eld
experience to belief of o				
Date	Payee name			
07/16/2018	Harris County Democratic Party			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1,000.00	4619 Lyons Ave			
	Houston, TX 77020			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Event Expense	Check if travel	l outside of Texas. Con	
EXPENDITURE	·	_	n, TX, officeholder living	g expense
		bowl a thon		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office h	eld
experientare to belieff 6/0				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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: 3/4 Rpt: 11/16	Dunson, Linda M. (Ms.) 00081691
4	Date	5 Payee name
	09/06/2018	Houston GLBT Political Caucus
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code P.O. Box 66664
_		Houston, TX 77266
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sustaining member dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/13/2018	Sapp, Amanda (Ms.)
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1114 Pecan Green Way
		Houston, TX 77072
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign booth at Black Expo
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2018	Sharpstown Democrats
	Amount (\$) \$50.00	Payee address; City; State; Zip Code P.O. Box 2053
		Bellaire, TX 77402-2053
	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 Sharpstown Dems Social
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 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	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 12/16		Dunson, Linda M. (Ms.)		00081691
4	Date	5	Payee name		
	09/07/2018		Sprint2Print		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1,334.06		8748 Clay Rd		
			Suite 300		
			Houston, TX 77080		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Printing Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense yard signs
					yard signs
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/OI		5 mar	agin	C.IIGC IIGG
_	Date	$\overline{}$	Payee name	—	
	08/02/2018		print n sign		
_	Amount (\$)	⊢	Payee address; City; State; Zip C	ode.	
	\$490.00		7350 Harwin Dr.	oue	
	Ψ490.00		Suite 316A		
		Ļ.	Houston, TX 77036	T	
	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		Printing Expense		Check if Austin, TX, officeholder living expense
					10K push cards
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	Н			
	Date	Т	Payee name		
	08/09/2018		print n sign		
	Amount (\$)	\vdash	Payee address; City; State; Zip C	ode	
	\$190.00		7350 Harwin Dr.		
			Suite 316A		
			Houston, TX 77036		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	`	Printing Expense	` ′	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		-		Check if Austin, TX, officeholder living expense
					pop up banner and design
		L		<u></u>	25
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Dunson, Linda M. (Ms.) Sch: 1/1 Rpt: 13/16 00081691 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/26/2018 print n sign Amount (\$) Payee address; State; Zip Code City; \$600.00 7350 Harwin Dr. Suite 316A Houston, TX 77036 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense campaign business cards 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/18/2018 print n sign Amount (\$) Payee address; City; State; Zip Code \$265.00 7350 Harwin Dr. Suite 316A Houston, TX 77036 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense campaign push cards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 14/16 Dunson, Linda M. (Ms.) 00081691 Date Payee name 09/26/2018 print n sign Amount (\$) State; Zip Code Payee address; City; \$600.00 7350 Harwin Dr. Suite 316A Reimbursement from political contributions intended Houston, TX 77036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** 30K business cards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/18/2018 print n sign Amount (\$) Payee address; City; State; Zip Code \$265.00 7350 Harwin Dr. Suite 316A Reimbursement from political contributions Houston, TX 77036 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** 5K push cards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/16 2 FILER NAME Filer ID (Ethics Commission Filers) Dunson, Linda M. (Ms.) 00081691 8 Amount (\$) Date 5 Name of person from whom amount is received 07/06/2018 Miller, Jacqueline (Ms.) \$200.00 6 Address of person from whom amount is received; City; State; Zip Code Pearland, TX 77584 Purpose for which amount is received ☐ Check if political contribution returned to filer refund for Ad in CLW 40 plus models booklet Amount (\$) Date Name of person from whom amount is received 08/15/2018 Sapp, Amanda (Ms.) \$103.20 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77072 Purpose for which amount is received Check if political contribution returned to filer refund for overpayment for booth at black Expo

OUTSTANDING LOANS		IDING LOANS	SCHEDULE L	
	The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: Sch: 1/1 Rpt: 16/16	
2 FILER NAME Dunson, Linda M. (M		M (Ms.)	3 Filer ID (Ethics Commission Filers) 00081691	
	LENDER INFORMATION	4 Name of lender Dunson, Linda (Ms.) 5 Lender address; City; State; Zip Code		
	GUARANTOR	Houston, TX 77088 6 Name of guarantor		
	INFORMATION X not applicable	7 Guarantor address; City; State; Zip Code		
	LENDER INFORMATION	Name of lender Dunson, Linda (Ms.) Lender address; City; State; Zip Code		
	GUARANTOR INFORMATION	Houston, TX 77088 Name of guarantor		
	X not applicable	Guarantor address; City; State; Zip Code		