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** 02/26/2018 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 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** 01/26/2018 02/24/2018 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/06/2018 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 309

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Version V1.0.5850

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Dunson, Linda M. (M	s.)	14 Filer ID 00081691	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	committees to support the eholder's knowledge or otice of such expenditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTIBUTION TOTALS		I AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 1,278.00			
EXPENDITURE TOTALS	- ` 	AL EXPENDITURES OF \$100 OR LESS, UNLESS	•	\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,479.80			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 4,696.47			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 2,750.00			
17 AFFADAVIT							
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		Ms.	Linda M. Dunson				
		Signature o	f Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
		aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	nature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 16

					3 01 10
18 FIL	ER NAN	AE	19 Filer ID	(Ethics C	ommission Filers)
Du	ınson, L				
	HEDUL	SUE	BTOTAL AMOUNT		
NA	ME OF	-			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,278.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	2,540.18
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	81.00
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	858.62
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	125.00

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/16
2	FILER NAME Dunson, Lin		3 Filer ID (Ethics Commission Filers) 00081691		
4	Date 01/29/2018	Full name of contributor Archie, Uniqua (Ms.) Contributor address; City;	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$108.00
		Houston, TX 77066			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	NONE			none	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12		s a child, law firm of parent(s) (if any)		
L	Data	Full name of contributor			Amount of Contribution (Φ)
	Date 02/20/2018	Full name of contributor Cook, Phillip (Mr.)	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$70.00
	02/20/2010	Cook, Prinip (Wr.) Contributor address; City;			
		Houston, TX 77015			
	Contributor's	Principal Occupation		Contributor's Job Title	
	retired				
	Contributor's (employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	I	
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/07/2018	Dickie, Andrea (Mrs.)			\$50.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77014			
	Contributor's	Principal Occupation		Contributor's Job Title	
	waste mana	gement		manager	
	Contributor's NONE	employer/law firm		Law firm of contributor's s	spouse (if any)
		s a child, law firm of parent(s) (if any)	1	

	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: 2/3 Rpt: 5/16
2	FILER NAME Dunson, Line	da M. (Ms.)	3	Filer ID (Ethics Commission Filers) 00081691		
4					7	Amount of Contribution (\$) \$100.00
		Houston, TX 77081-4834	4	9 Contributor's Job Title		
8		Principal Occupation				
	Legal Servic					
10		employer/law firm Godson C. Onyediri	oous	ee (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#:)	T	Amount of Contribution (\$)
	02/20/2018	James, Jimmie (Mr.) Contributor address; City; \$	State; Zip Code			\$200.00
	0	Houston, TX 77098		I 0		
	retired	Principal Occupation		Contributor's Job Title		
		employer/law firm		Law firm of contributor's sp	oous	ee (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/01/2018	Miller, Jacqueline (Ms.) Contributor address; City; 9 Pearland, TX 77584	State; Zip Code			\$250.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Home Health			Owner		
	Contributor's 6	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	any)			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/16
2	FILER NAME				Filer ID (Ethics Commission Filers)
	Dunson, Line	da M. (Ms.)			00081691
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)
	02/20/2018	Oronsaye, John (Mr.)			\$500.00
		6 Contributor address; City; State; Zip Code]	
		Houston, TX 77081-3103			
8	Contributor's I	Principal Occupation	9 Contributor's Job Title		
	Legal Servic	es	Attorney		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse	e (if any)
	Law Firm of	John Orensaye & Associates			
12	If contributor is	s a child, law firm of parent(s) (if any)			

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 7/16	Dunson, Linda M. (Ms.)	00081691
4	Date	5 Payee name	·
	02/12/2018	Forward Times	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	4411 Almeda	
		Houston, TX 77004	
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
			Ad in newspaper
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	01/29/2018	GoFundMe We Pay	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.83	P.O. Box 1329	
		Redwood City, CA 94063	
	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.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			fees for gofundme campaign distributions (Uniqua Archie)
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Cince Hold
_	Date	Payee name	
	02/07/2018	GoFundMe We Pay	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.25	P.O. Box 1329	
	*		
		Redwood City, CA 94063	
	PURPOSE		Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			fees for gofundme campaign distributions (Andrea Dickie)
L	0 1. 0		,
	Complete ONLY if direct expenditure to benefit C/OI	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)

GoFundMe We Pay 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 1329 Redwood City, CA 94063 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 fees for gofundme campaign distribution (Jimmie James)		Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
Date S Payee name GoFundMe We Pay State: Zip Code P.O. Box 1329 Redwood City, CA 94063 Redwood City, CA 94063 Redwood City, CA 94063 Redwood City, Canagaries listed at the top of this schedule) Check if taxel outside of Texas Complete Schedule T. GoFund Code City Canagaries listed at the top of this schedule) Check if taxel Code Code Code Code City Canagaries listed at the top of this schedule) Check if taxel Code Code Code Code Code Code Code Code	1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Complete ONLY if direct expenditure to benefit C/OH		Sch: 2/3 Rpt: 8/16	Dunson, Linda M. (Ms.)		00081691
Amount (\$) \$16.10 7 Payee address; City; State: Zip Code P.O. Box 1329 Redwood City, CA 94063 Redwood City, Candidate/Officeholder name	4	Date	5 Payee name		•
Section P.O. Box 1329 Redwood City, CA 94063		02/20/2018	GoFundMe We Pay		
Redwood City, CA 94063 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Candidate/Officeholder name Office sought Office held	6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
Recomplete ONLY if direct expenditure to benefit C/OH		\$16.10	P.O. Box 1329		
Record Fees (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officiohider living expense Gees for gofundme campaign distribution (Jimmie James)					
Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fees for gofundme campaign distribution (Jimmie James) 9			Redwood City, CA 94063		
Complete ONLY if direct expenditure to benefit C/OH	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
Complete ONLY if direct expenditure to benefit C/OH			,	`´	
9 Complete ONLY if direct expenditure to benefit C/OH Date		EXPENDITURE			
Purpose of Expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held					
Date 02/24/2018 Payee name Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code 1445 North Loop West, Suite 110 Houston, TX 77008 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Payee name Harris County Democratic Party Complete ONLY if direct expenditure to benefit C/OH Payee name Harris County Democratic Party Amount (\$) Payee name Harris County Democratic Party Amount (\$) 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) Houston, TX 77008 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete ONLY if direct categories listed at the top of this schedule) OF EXPENDITURE Candidate/Officeholder name Office sought Office bolder living expense Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held					·
Date 02/24/2018	9			ught	Office held
Amount (\$)					
Amount (\$)			Payee name		
\$200.00 1445 North Loop West, Suite 110 Houston, TX 77008 PURPOSE OF EXPENDITURE		02/24/2018	Harris County Democratic Party		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense robocalls Complete ONLY if direct expenditure to benefit C/OH Date 02/12/2018 Payee name 02/12/2018 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 (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Johnson Rayburn Richards Dinner sponsor		Amount (\$)	Payee address; City; State; Zip C	ode	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date 02/12/2018 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct OF EXPENDITURE (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Complete ONLY if direct OF Candidate/Officeholder name Office sought Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Johnson Rayburn Richards Dinner sponsor		\$200.00	1445 North Loop West, Suite 110		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date 02/12/2018 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct OF EXPENDITURE (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Complete ONLY if direct OF Candidate/Officeholder name Office sought Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Johnson Rayburn Richards Dinner sponsor					
Advertising Expense Advertising Expense Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,445 North Loop West, Suite 110 Houston, TX 77008 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Event Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Office held Office held			Houston, TX 77008		
Complete ONLY if direct expenditure to benefit C/OH Date			(a) Category (See Categories listed at the top of this schedule)	(b)	Description
Complete ONLY if direct expenditure to benefit C/OH Date			Advertising Expense		
Complete ONLY if direct expenditure to benefit C/OH Date					
Date 02/12/2018 Payee name Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 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 Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held					Tobocaiis
Date 02/12/2018 Payee name Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 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 Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held				agiit	Cince Hold
Amount (\$) 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 ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Data	Payee name		
Amount (\$) 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 Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held			-		
\$1,000.00 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 Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held				odo	
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 Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held				oue	
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 Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Ψ1,000.00	1443 North Loop West, Suite 110		
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 Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Houston TV 77000		
OF EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
EXPENDITURE EVENT Expense Check if Austin, TX, officeholder living expense Johnson Rayburn Richards Dinner sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held				(b)	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Event Expense		
expenditure to benefit C/OH				ught	Office held
		expenditure to benefit C/OI	1		

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 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	Il 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: 3/3 Rpt: 9/16	Dunson, Linda M. (Ms.) 00081691
4	Date	5 Payee name
	02/23/2018	Houston Black American Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 2252
		Houston, TX 77252
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense printing expense
		printing expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/13/2018	The Jewish Herald-Voice
	Amount (\$)	Payee address; City; State; Zip Code
	\$511.00	3403 Audley St.
		Houston, TX 77098
	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
		Ad in newspaper
		, a iii newspapei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services 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) Sch: 1/2 Rpt: 10/16 Dunson, Linda M. (Ms.) 00081691 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/17/2018 Houston GLBT Political Caucus Amount (\$) Payee address; City; State; Zip Code P.O. Box 66664 \$10.00 Houston, TX 77266 TYPE OF Non-Political Χ 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. dues **EXPENDITURE** Check if Austin, TX, officeholder living expense sustaining membership dues not made in connection with a Primary 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/23/2018 PantSuit Republic Texas Amount (\$) Payee address; City; State; Zip Code \$36.00 380 Portage Ave Palo Alto, CA 94306 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. dues **EXPENDITURE** Check if Austin, TX, officeholder living expense sustaining membership dues not made in connection with a Primary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) 00081691 Sch: 2/2 Rpt: 11/16 Dunson, Linda M. (Ms.) \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/16/2018 **Texas Organizing Project** Amount (\$) Payee address; State; Zip Code \$35.00 2404 Caroline St Houston, TX 77004 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. dues **EXPENDITURE** Check if Austin, TX, officeholder living expense membership dues not made in connection with a Primary Office sought 11 Complete ONLY if direct Candidate/Officeholder name 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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 1/3 Rpt: 12/16	2 FILER NAM Dunson, I	ME Linda M. (Ms.)			1	Filer ID (Ethics Commission Filers) 00081691
4	Date	5 Payee nam	ne				
	02/06/2018	Fiverr.con					
6	Amount (\$)	7 Payee add	ress; City; State	e; Zip Co	ode		
	\$42.00	401 Broad	dway, Suite 1600				
	Reimbursement from political contributions intended	New York	, NY 10013				
8	PURPOSE	(a) Category	(See Categories listed at the top of this sc	hedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertisin	g Expense			Che	eck if Austin, TX, officeholder living expense
	LAI LINDITORE				design campaigr	n bar	nner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name		Office sought		Office held
	Date	Payee nam	ne				
	02/06/2018	Houston (GLBT Political Caucus				
	Amount (\$)	Payee add	ress; City; State	e; Zip Co	ode		
	\$10.00	P.O. Box	66664				
	Reimbursement from political contributions intended	Houston,	TX 77266				
	PURPOSE OF	Category	(See Categories listed at the top of this sc	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	dues			L		eck if Austin, TX, officeholder living expense
					with a Primary	oersr	nip dues not made in connection
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Offic	ceholder name		Office sought		Office held
	Date	Payee nam	ne				
	02/17/2018	Houston (GLBT Political Caucus				
	Amount (\$)	Payee add	ress; City; State	e; Zip Co	ode		
	\$90.00	P.O. Box	66664				
	Reimbursement from political contributions intended	Houston,	TX 77266				
	PURPOSE	Category	(See Categories listed at the top of this sc	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Exp	pense		L	_	eck if Austin, TX, officeholder living expense
					2 tickets to Drag	brur	ICH
		 Candidate/Offic	ceholder 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 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorial Legal Services The Instruction C	•		vages/Contract Labor omplete this form.		Travel Out of District OTHER (enter a category not liste	d above)
1	Total pages Schedule G:	2	FILER NAME					3 F	Filer ID (Ethics Commis	ssion Filers)
	Sch: 2/3 Rpt: 13/16		Dunson, Lin	da M. (Ms.)					00081691	
4	Date	5	Payee name							
	02/20/2018		Teesonme F	Printing						
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	ode			
	\$515.00		1401 Bruns	wick Place Dr.						
	Reimbursement from political contributions intended		Houston, TX	C 77047						
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b) Description	Che	ck if travel outside of Texas. Com	nplete Schedule T.
	OF EXPENDITURE		Advertising	Expense			L	Che	eck if Austin, TX, officeholder living	j expense
							50 tshirts			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate/Officeh	older name			Office sought		Office held	
	Date		Payee name							
	02/06/2018		Texas Coali	tion of Black D	emocrats- H	larris Co	ounty			
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	ode			
	\$100.00		P.O. Box 57	0793						
	Reimbursement from									
	political contributions intended		Dallas, TX 7	5357						
	PURPOSE		Category (Se	e Categories listed at	the top of this sch	iedule)	Description	=	ck if travel outside of Texas. Com	
	OF EXPENDITURE		dues					Che	ck if Austin, TX, officeholder living	j expense
							sustaining memb with a Primary	bersh	iip dues not made in co	onnection
	Complete ONLY if direct expenditure to benefit C/OH	Can	ndidate/Officeh	older name			Office sought		Office held	
	Date		Payee name							
	02/16/2018		•	nizing Project						
Н	Amount (\$)	\vdash	Payee addres	ss; City;	State:	: Zip Co	ode			
	\$35.00	1	2404 Carolii							
	Reimbursement from									
	political contributions intended		Houston, TX	77004						
	PURPOSE		Category (Se	e Categories listed at	the top of this sch	iedule)	Description	_	ck if travel outside of Texas. Con	
	OF EXPENDITURE		dues				L	_	ck if Austin, TX, officeholder living	
							membership due	es not	t made in connection w	vith a Primary
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate/Officeh	older name			Office sought		Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 14/16 Dunson, Linda M. (Ms.) 00081691 Date Payee name 01/31/2018 facebook.com 6 Amount (\$) Payee address; City; State; Zip Code \$66.62 1 Hacker Way Reimbursement from political contributions intended Menlo Park, CA 94205 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** advertising for dunson4judge 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** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dunson, Linda M. (Ms.) 00081691 5 Name of person from whom amount is received 8 Amount (\$) Date 02/02/2018 \$125.00 Sonic Print 6 Address of person from whom amount is received; City; State; Zip Code Tampa, FL 33634 Purpose for which amount is received Check if political contribution returned to filer refund of shipping for campaign business cards

	OUTSTAN	IDING LOANS	SCHEDULE L
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 16/16
2	FILER NAME Dunson, Linda N	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	