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 28 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Linda M. NAME Date Received **ELECTRONICALLY FILED** 01/16/2018 NICKNAME LAST **SUFFIX** Marie Dunson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 670785 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77267 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** 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 lx l 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** 07/01/2017 12/31/2017 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

GO TO PAGE 2

Family District Court Judge District 309th

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 28

			1		
13 C / OH NAME	Dunson, Linda M. (M	s.)	14 Filer ID 00081691	(Ethics Comn	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	ceholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTIBUTION TOTALS		.l	THAN PLEDGES,	\$	661.00
		ICAL CONTRIBUTIONS	IC)	\$	9,957.00
EXPENDITURE TOTALS	`	PLEDGES, LOANS, OR GUARANTEES OF LOAN AL EXPENDITURES OF \$100 OR LESS, UNLESS	•	\$	25.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	7,030.13
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	9,866.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING 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	older	
AFFIX NO	ΓARY STAMP / SEAL AB	OVE			
		aid	, this the		_ day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerin	ng oath

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 28
l -	ER NAN	ME .inda M. (Ms.)	19 Filer ID 00081691	(Ethics	Commission Filers)
20 SC	HEDUL	E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	9,957.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	2,500.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	2,693.88
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,947.27
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,388.98
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/28
2	FILER NAME Dunson, Line	da M. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 07/08/2017	Full name of contributor Al-uqdah, August Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$100.00
		Tomball, TX 77377				
8	Contributor's Retired	Principal Occupation		9 Contributor's Job Title		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/01/2017	Curry Ph.D, Ella (Dr.) Contributor address; City; S	State; Zip Code		•	\$100.00
		Houston, TX 77068				
		Principal Occupation		Contributor's Job Title		
	retired Contributor's	employer/law firm		Law firm of contributor's sp		co (if any)
	N/A	employemaw iiim		Law littl of contributors sp	Jous	se (II ally)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
H	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)
	12/13/2017	Dana J.D., Blackmore (M	ls.)			\$100.00
		Contributor address; City; S Los Angeles, CA 90081	state; Zip Code			
Т	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Legal Servic	es		Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	N/A	1111 6 6 7				
	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 ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/28
2	FILER NAME Dunson, Line	da M. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 10/13/2017	Full name of contributor Dixon J.D., John (Mr.) Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	legal service			attorney legal		
10	10 Contributor's employer/law firmLaw Office of John Dixon11 Law firm of contributor's sp			oous	se (if any)	
12	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#:)	Π	Amount of Contribution (\$)
	08/01/2017	Dorsey Ph.D, Hallie (Mrs Contributor address; City; S	s.)			\$500.00
		Spring, TX 77381				
	Contributor's Fretired	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	12/29/2017	Dunson, Alvin (Mr.)				\$70.00
		Contributor address; City; S Houston, TX 77091	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	retired					
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	N/A					
	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 ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/28
2	FILER NAME Dunson, Line	da M. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081691
4	Date 12/30/2017	5 Full name of contributor Dunson, Avery (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77014				
8		Principal Occupation		9 Contributor's Job Title		
	engineering			machinist		
10	10 Contributor's employer/law firmThomas Instruments11 Law firm of contributor's sp			ous	se (if any)	
L						
12	t it 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 (\$)
	07/08/2017	Edwards, Kadaria Contributor address; City;	State; Zip Code			\$5.00
		Tomball, TX 77377		_		
		Principal Occupation		Contributor's Job Title		
	student					
	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)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)
	12/29/2017	Flanigan, Rosie (Ms.)	out of state 1 Ae (IB#.	<i></i>		\$200.00
		Contributor address; City; S	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	retired	molpai Godapation		Contributor 5 Cos Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	N/A					
	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 ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/28
2	FILER NAME Dunson, Line	da M. (Ms.)			1	Filer ID (Ethics Commission Filers) 00081691
4	Date 09/05/2017	Full name of contributor Hostetler, JoAnn (Mrs.) Contributor address; City; 9	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		montgomery, TX 77356				
8		Principal Occupation		9 Contributor's Job Title		
10	retired	and a conflored figure		44 Lauréines et contributorio en		of the second
10	10 Contributor's employer/law firm N/A			oous	e (II any)	
12		s a child, law firm of parent(s) (if	anv)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/11/2017	James, Bobbie (CEO)				\$100.00
		Contributor address; City; S Cedar Park, TX 78613	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	nonprofit	molpai Occupation		CEO		
_	-	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Jamz Conne	ections				
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)
	07/08/2017	Johnson, Virginia (CEO)	_	J		\$500.00
		Contributor address; City; s				
		Tomball, TX 77377				
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	healthcare			CEO		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	LifePointe H	ospice Dallas				
	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 page Sch: 5/9	es Schedule A(J)1: Rpt: 8/28	
2	FILER NAME Dunson, Line	da M. (Ms.)			3 Filer ID 0008169	Ethics Commission Filer	s)
4	Date 07/11/2017	5 Full name of contributor Lagunes, Lakitsha (Mrs.6 Contributor address; City;			7 Amount of	Contribution (\$)	00.00
Ļ	0	Katy, TX 77449		In a 17 1 1 1 7 1			
8	healthcare	Principal Occupation		9 Contributor's Job Title Administrator			
10		and a saultan fina			on the second		
10	10 Contributor's employer/law firm Optimal Home Health			oouse (II any)			
12	•	s a child, law firm of parent(s) (if	· anu)				
12	2 II CONTRIBUTOR II	s a crilid, law liffil of pareni(s) (ii	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	Contribution (\$)	
	08/01/2017	Lucas, Lynce (Mrs.)	_			\$10	00.00
		Contributor address; City; Houston, TX 77095	June, <u>- p</u> 3343				
	Contributor's I	Principal Occupation		Contributor's Job Title	ı		
	retired			retired			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if any)		
_		s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	Contribution (\$)	
	07/08/2017	Maldonado, , Kaelynn				4	1.00
		Contributor address; City;	State; Zip Code				
		Tomball, TX 77377					
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	student						
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	N/A						
	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	ow to complete this	form.	1 Total page Sch: 6/9	es Schedule A(J)1: Rpt: 9/28	
2	FILER NAME Dunson, Lin				3 Filer ID 0008169	(Ethics Commission	n Filers)
4 Date 12/30/2017 5 Full name of contributor out Miller, Kelton (Mr.) 6 Contributor address; City; State; Zip		out-of-state PAC (ID#:)		f Contribution (\$)	\$100.00	
		Houston, TX 77090					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	healthcare			field supervisor			
10		employer/law firm		11 Law firm of contributor's s	pouse (if any)		
	Optimal Hor						
12	2 If contributor i	s a child, law firm of parent(s) (i	if any)				
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	f Contribution (\$)	
	07/08/2017	Miller, Rayshuna	_				\$20.00
		Contributor address; City;	State; Zip Code				
		Spring, TX 77373					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Education			Teacher			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)		
	Spring ISD						
	If contributor i	s a child, law firm of parent(s) (i	if any)	•			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	f Contribution (\$)	
	08/01/2017	Owens, William (Mr.)				(1)	\$300.00
		Contributor address; City;	State: Zip Code				
		, , , .	, ,				
		Houston, TX 77007					
	Contributor's	Principal Occupation		Contributor's Job Title			
	retired						
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)		
	N/A						
	If contributor i	s a child, law firm of parent(s) (i	if any)				
_							

	MONET	ARY POLITICAL	CONTRIBUTION	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: 7/9 Rpt: 10/28
2	FILER NAME Dunson, Line	da M. (Ms.)			1	Filer ID (Ethics Commission Filers) 00081691
4	Date 07/08/2017	5 Full name of contributor Riles, Art6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
	Contributor's	Katy, TX 77449 Principal Occupation		9 Contributor's Job Title		
ľ	retired	-Tiricipal Occupation		5 Continuator \$ 300 Title		
10	10 Contributor's employer/law firm			oous	e (if any)	
12		s a child, law firm of parent(s) (if	any)			
	Date Full name of contributor out-of-state PAC (ID#:) Smith, Velma (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00		
		Houston, TX 77014				
	Contributor's F Retired	Principal Occupation		Contributor's Job Title		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/01/2017	Swint Ph.D, Anne (Dr.) Contributor address; City;	State; Zip Code			\$150.00
		Houston, TX 77007				
	Contributor's F	Principal Occupation		Contributor's Job Title		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	N/A					
	If contributor is	s a child, law firm of parent(s) (if	fany)			

N	JONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
Т	he Instru	ction Guide explains ho	w to complete this	form.	1 Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/28
	ILER NAME	da M. (Ms.)			3 Filer ID (Ethics Commission Filers) 00081691
4 D	4 Date 12/26/2017 5 Full name of contributor out-of-state PAC (ID#:_ Taylor, Toinetta (Mrs.) 6 Contributor address; City; State; Zip Code Houston, TX 77064)	7 Amount of Contribution (\$) \$100.00	
		Houston, TX 77064			
8 C	ontributor's	Principal Occupation		9 Contributor's Job Title	
	etired				
		employer/law firm		11 Law firm of contributor's s	pouse (if any)
	I/A contributor i	s a child, law firm of parent(s) (i	f any)		
<u> </u>		out-of-state PAC (ID#:)	Amount of Contribution (\$)	
0	7/11/2017	Whiting, Evelyn (Mrs.) Contributor address; City;			\$100.00
		Houston, TX 77077	, .		
С	ontributor's	I Principal Occupation		Contributor's Job Title	1
	ducation			Teacher	
		employer/law firm		Law firm of contributor's s	pouse (if any)
	contributor i	s a child, law firm of parent(s) (if	f any)		
			•		
D	ate	Full name of contributor	out-of-state PAC (ID#)	Amount of Contribution (\$)
1	2/26/2017	Yi, Kimberly (Ms.)			\$150.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77077		_	
		Principal Occupation		Contributor's Job Title	
	gal service	es employer/law firm		attorney	nauga (if any)
	mnivere Le			Law firm of contributor's s	pouse (ii ariy)
		s a child, law firm of parent(s) (if	f any)		

	MONETARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/28
	FILER NAME Dunson, Linda M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081691
	Date 08/01/2017 5	C (ID#:)	7 Amount of Contribution (\$) \$100.00
g g	Contributor's Principal Occupation	9 Contributor's Job Title	
	medical	physical	
	Contributor's employer/law firm	11 Law firm of contributor's s	snouse (if any)
	Texas Children's Hospital	22 Eaw IIIII of contains ator c	pouse (ii aiiy)
	If contributor is a child, law firm of parent(s) (if any)		

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.	1	ages Schedule E(J): /1 Rpt: 13/28
2	FILER NAME Dunson, Linda N	Л. (Ms.)		3 Filer ID 000816	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		•	\$
5	Date of loan 11/28/2017	7 Name of lender Out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$2,500.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Houston, TX 77088			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		•
	Attorney		Attorney		
14	Lender's Employer Law Offices of L		15 Law Firm of lender's spous	se (if any)	
16	If lender is child, la	w firm of parent(s) (if any)			
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor	,		22 Amount Guaranteed (\$)
	X not applicable	21 Guarantor address; City; State;	Zip Code		
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any))
27	If guarantor is child	d, 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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 14/28	Dunson, Linda M. (Ms.) 00081691
4	Date	5 Payee name
	07/31/2017	Amegy Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	P.O. Box 27459
		Houston, TX 77227-7459
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.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		maintenance fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date 11/28/2017	Payee name
		Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	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
		cashier's check fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/14/2017	Area 5 Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3800 Spencer, Suite L
		Pasadena, TX 77504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		donation
L	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
	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)
ising Expense 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 15/28	Dunson, Linda M. (Ms.) 00081691
4	Date	5 Payee name
	10/09/2017	Eridef Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code 9211 Dulcimer
	\$300.00	9211 Dulcimer
		Houston, TX 77051
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Southeast Precint Luncheon
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/18/2017	FatCow
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.93	70 Blanchard Rd
		Burlington, MD 01803
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		website hosting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2017	GoFundMe We Pay
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.33	P.O. Box 1329
		Redwood City, TX 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. Check if Austin, TX, officeholder living expense
		transaction fees for contributions made using
		gofundme.com
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

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)

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Dunson, Linda M. (Ms.) 00081691
5 Payee name
Harris County Democratic Party
7 Payee address; City; State; Zip Code
1445 North Loop West, Suite 110
Houston, TX 77008
(a) Category (See Categories listed at the top of this schedule) (b) Description
Coordinated Campaign
Check if Austin, TX, officeholder living expense payment for pre-primary coordinated campaign
payment for pre primary coordinated campaign
Candidate/Officeholder name Office sought Office held
н
Payee name
Harris County Tejano Democrats
Payee address; City; State; Zip Code
1445 N. Loop W
·
Houston, TX 77008
(a) Category (See Categories listed at the top of this schedule) (b) Description
Event Expense Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense
Roast & Toast
Office holds
Candidate/Officeholder name Office sought Office held H
Payee name
Houston Black American Democrats
Payee address; City; State; Zip Code
P.O. Box 2252
Houston TV 77050
Houston, TX 77252
(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas Complete Schedule T
(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
dues Check if travel outside of Texas. Complete Schedule T.
dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues not made in connection with a Primary Candidate/Officeholder name Office sought Office held
dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues not made in connection with a Primary
dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues not made in connection with a Primary Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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/Political Com Credit Card Payment			e Legal Serv			Vages	s/Contract Labor		Travel Out of D OTHER (enter a	istrict a category not listed above)
L	,			uction Guide expla	ins how to co	mple	ete this form.	_		
1	Total pages Schedule F1:	2 FILE	ER NAME					3		(Ethics Commission Filers)
_	Sch: 4/4 Rpt: 17/28		nson, Linda M. (Ms.)					00081691	
4	Date	1 1	ee name							
L	08/25/2017	J &	N Enterprises							
6	Amount (\$)	7 Pay	ee address; C	city; St	ate; Zip Co	de				
	\$70.36	201	5 W. 34th St							
		Ηοι	ıston, TX 77018							
8	PURPOSE	(a) Cate	egory (See Categorie	es listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		iting Expense		/		_ :	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE						_		officeholder livin	ng expense
							1000 busines	SS C	ards	
9	Complete ONLY if direct		idate/Officeholder	name	Office sou	ght			Office h	neld
	expenditure to benefit C/OI	H								
	Date	Pay	ee name							
	09/12/2017	J&	N Enterprises							
	Amount (\$)	Pay	ee address; C	City; St	ate; Zip Co	ode				
	\$243.56	1	5 W. 34th St							
	, = 100									
		Ho	ıston, TX 77018							
_	DUDDOSE					(h)	December:			
	PURPOSE OF			es listed at the top of this	s schedule)	(a)	Description Check if travel (Outei	de of Tayas Con	mplete Schedule T.
	EXPENDITURE	Prir	iting Expense				=		of rexas. Cor officeholder livin	
							500 postcard			.
							I			
\vdash	Complete ONLY if direct	L Cand	idate/Officeholder	name	Office sou	l aht			Office h	neld
	expenditure to benefit C/O				55 550	J			200 11	
\vdash	Data	5-								
	Date	1 1	ee name tod Statos Bosta	al Convice						
	08/10/2017		ted States Posta							
	Amount (\$)	1 1		city; St	ate; Zip Co	ode				
	\$14.70	144	03 Walter Rd							
L		Ηοι	ıston, TX 77014							
	PURPOSE	(a) Cate	egory (See Categorie	es listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE	pos	tage							mplete Schedule T.
									officeholder livin	
							postage for th	ıan	ik you notes	5
	Complete ONLY if direct	Ca:a-1	idata/Office belder	nomo	Office	ab+			Office !-	vold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		idate/Officeholder	name	Office sou	ignt			Office h	leiu
	,									

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: 1/3 Rpt: 18/28 Dunson, Linda M. (Ms.) 00081691 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/07/2017 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$1,500.00 1445 North Loop West, Suite 110 Houston, TX 77008 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Coordinated campaign Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense payment pre-primary coordinated campaign 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/17/2017 **RDP Services** Amount (\$) Payee address; City; State; Zip Code \$99.00 12312 Port Grace Rd La Vista, NE 68128 **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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense design services 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. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 19/28 Dunson, Linda M. (Ms.) 00081691 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/17/2017 **RDP Services** Amount (\$) Payee address; City; State; Zip Code \$76.93 12312 Port Grace Rd La Vista, NE 68128 **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 750 business cards 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/23/2017 **RDP Services** Amount (\$) Payee address; City; State; Zip Code \$171.34 12312 Port Grace Rd La Vista, NE 68128 **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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 500 postcards 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: 3/3 Rpt: 20/28 Dunson, Linda M. (Ms.) \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/20/2017 Sharpstown Democrats Amount (\$) Payee address; City; State; Zip Code \$100.00 P.O. Box 2053 Bellaire, TX 77402-2053 TYPE OF Political Non-Political Х **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense End of year celebration 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
	credit card r dyment		The Instruction Guide explain	ns how to co	omplete this form.	_					
1	Total pages Schedule G:	2 FILER NAME				3 Filer	ID (Ethics Commi	ssion Filers)			
	Sch: 1/7 Rpt: 21/28	Dunson, Liı	nda M. (Ms.)			000	81691				
4	Date	5 Payee name									
	07/07/2017	Harris Cou	nty Democratic Party								
6	Amount (\$)	7 Payee addre	ss; City; Sta	te; Zip Co	ode						
	\$1,500.00	1445 North	Loop West, Suite 110								
	Reimbursement from										
	political contributions intended	Houston, T.	X 77008								
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this s	schedule)	(b) Description	Check if	travel outside of Texas. Co	mplete Schedule T.			
	OF		d Campaign			Check if	Austin, TX, officeholder livin	g expense			
	EXPENDITURE				payment to pre-p	orimary o	coordinated campa	ign			
9	· ———	Candidate/Office	holder name		Office sought		Office held				
	expenditure to benefit C/OH										
		<u> </u>									
	Date	Payee name									
	10/17/2017	RDP Service									
	Amount (\$)	Payee addre									
\$99.00 12312 Port Grace Rd											
Reimbursement from political contributions											
	intended	La Vista, N	E 68128								
	PURPOSE OF		ee Categories listed at the top of this s	schedule)	Description	=	travel outside of Texas. Co Austin, TX, officeholder livin				
	EXPENDITURE	Printing Ex	oense	L decign layout co	n layout services						
					design layout sei	IVICES					
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held				
	expenditure to benefit	Carraracto, Cinico	noidel flame		Omoc cought		Cilide Heid				
	C/OH										
	Date	Payee name									
	10/17/2017	RDP Service	es								
	Amount (\$)	Payee addre	ss; City; Sta	te; Zip Co	ode						
	\$76.93	12312 Port	Grace Rd								
	Reimbursement from political contributions										
	intended	La Vista, N	E 68128								
	PURPOSE	Category (s	ee Categories listed at the top of this s	schedule)	Description	=	travel outside of Texas. Co				
	OF EXPENDITURE	Printing Ex	oense		L	_	Austin, TX, officeholder livin	g expense			
					750 business ca	rds					
	Operation ONE VIII II	0	h alden a see		0#:		O#: 1 1:				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought		Office held				
	C/OH										

SCHEDULE G

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

Contributions/ Donations Made By -Gift/Awards/Memorials Expense

RDP Services

Payee address;

12312 Port Grace Rd

La Vista, NE 68128

City;

Category (See Categories listed at the top of this schedule)

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

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTEN (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 22/28	Dunson, Linda M. (Ms.)	00081691
4	Date	5 Payee name	
	10/23/2017	RDP Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$171.34	12312 Port Grace Rd	
	Reimbursement from political contributions		
	intended	La Vista, NE 68128	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
		500 postcards	
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office held
	C/OH		
	Date	Payee name	

State; Zip Code

Description

OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense 500 business cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
11/20/2017	Sharpstown Democrats	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$100.00	P.O. Box 2053	
Reimbursement from political contributions intended	Bellaire, TX 77402-2053	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		end of year celebration
Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held

expenditure to benefit

C/OH

12/05/2017

Amount (\$)

intended **PURPOSE**

OF

Reimbursement from political contributions

\$68.73

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo G mmittee Le	vent Expense ees ood/Beverage Expense ift/Awards/Memorials Expense egal Services 'The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/N	Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	. •	2	FILER NAME					Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 23/28		Dunson, Lind	a M. (Ms.)				00081691
4	Date	5	Payee name					
	07/21/2017		facebook.con	n 				
6	Amount (\$)	7	Payee address	•	; Zip Co	ode		
	\$21.75		1 Hacker Way	у				
	Reimbursement from political contributions intended		Menlo Park, (CA 94205				
8	PURPOSE OF	(a)	Category (See	Categories listed at the top of this sch	nedule)	(b) Description	₫ .	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising E	xpense		L	Ch	eck if Austin, TX, officeholder living expense
						facebook ad		
9	Complete ONLY if direct	<u> </u>	ndidate/Officeho	ldor namo		Office sought		Office held
9	expenditure to benefit C/OH	Cai	ididate/Officerio	nder name		Office Sought		Office field
	Date		Payee name					
	07/21/2017		facebook.com	n				
	Amount (\$)		Payee address	; City; State	; Zip Co	ode		
	\$3.32		1 Hacker Way	y				
	Reimbursement from political contributions intended		Menlo Park, (CA 94205				
	PURPOSE		Category (See	Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising E	xpense			Ch	eck if Austin, TX, officeholder living expense
						facebook ad		
	Opening the ONLY if allowed		li -l - + - 10#i l	I-I		O#:		Office Includ
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeho	nder name		Office sought		Office held
	Date		Payee name					
	07/31/2017		facebook.com	n				
	Amount (\$)		Payee address	; City; State	; Zip Co	ode		
	\$4.77		1 Hacker Way	y				
	Reimbursement from political contributions intended		Menlo Park, 0	CA 94205				
	PURPOSE		Category (See	Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising E	xpense			Ch	eck if Austin, TX, officeholder living expense
						facebook ad		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeho	lder name		Office sought		Office held

SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 24/28	1	Dunson, Linda M. (Ms.)				00081691
4	Date	5	Payee name				
	08/22/2017		facebook.com				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$38.32		1 Hacker Way				
	Reimbursement from political contributions intended		Menlo Park, CA 94205				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Ch	eck if Austin, TX, officeholder living expense
	LXI LINDITORL				facebook ad		
9	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	08/22/2017		facebook.com				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$11.69						
	Reimbursement from						
	political contributions intended		Menlo Park, CA 94205				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Ch	eck if Austin, TX, officeholder living expense
	LXI LINDITORL				facebook ad		
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	08/31/2017	1	facebook.com				
_	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	nde		
	\$21.27	1	1 Hacker Way	2.p 00	, ac		
	•		Tridonor Way				
	Reimbursement from political contributions intended		Menlo Park, CA 94205				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	╛	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		L L	Ch	eck if Austin, TX, officeholder living expense
					facebook ad		
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	Expense		xpense Nages/Contract Labor		Travel in District Travel Out of Distric OTHER (enter a cat	ct tegory not listed above)
1	Total pages Schedule G:	2	FILER NAME					1	•	cs Commission F	ilers)
	Sch: 5/7 Rpt: 25/28		Dunson, Lir	nda M. (Ms.)					00081691		
4	Date	5	Payee name					_			
	08/31/2017		facebook.co	om							
6	Amount (\$)	7	Payee addre	-	State;	Zip Co	ode				
	\$2.37		1 Hacker W	/ay							
	Reimbursement from political contributions intended		Menlo Park	, CA 94205							
8	PURPOSE OF	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b) Description	_		of Texas. Complete S	
	EXPENDITURE		Advertising	Expense			L Isaabaat si	Ch	eck if Austin, TX, offi	iceholder living expens	se
							facebook ad				
9	Complete ONLY if direct		ndidate/Office	holder name			Office sought		O#i/	ce held	
9	expenditure to benefit C/OH	Cal	ididate/Office	noidei name			Onice Sought		Ollik	ce neiu	
	Date		Payee name								
	09/30/2017		facebook.co	om							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$80.28		1 Hacker W	/ay							
	Reimbursement from political contributions intended		Menlo Park	, CA 94205							
	PURPOSE		Category (S	ee Categories listed at	the top of this sche	edule)	Description	_		of Texas. Complete S	
	OF EXPENDITURE		Advertising	Expense			L	Ch	eck if Austin, TX, offi	iceholder living expens	se
							facebook ad				
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought		Offic	ce held	
	C/OH										
	Date		Payee name								
	09/30/2017		facebook.co	om							
	Amount (\$)	T	Payee addre	ss; City;	State;	Zip Co	ode				
	\$22.60		1 Hacker W	/ay							
	Reimbursement from political contributions intended		Menlo Park	, CA 94205							
	PURPOSE		Category (s	ee Categories listed at	the top of this sche	edule)	Description	=		of Texas. Complete S	
	OF EXPENDITURE		Advertising	Expense			[, , , <u>,</u> [Ch	eck if Austin, TX, offi	iceholder living expens	se
							facebook ad				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Offic	ce held	

SCHEDULE G

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to c	Wages/Contract Labor omplete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 26/28	Dunson, Linda M. (Ms.)		00081691
4	Date	5 Payee name		
	10/31/2017	facebook.com		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$23.11	1 Hacker Way		
	Reimbursement from			
	political contributions intended	Menlo Park, CA 94205		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	LAFLINDITORL		facebook ad	
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	10/31/2017	facebook.com		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$23.21	1 Hacker Way		
	Reimbursement from political contributions			
	intended	Menlo Park, CA 94205		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
			facebook ad	
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
	Date	Payon namo		
	11/09/2017	Payee name facebook.com		
			ada	
	Amount (\$) \$37.34	Payee address; City; State; Zip C 1 Hacker Way	oue	
		Thacker way		
	Reimbursement from political contributions intended	Menlo Park, CA 94205		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Advertising Expense	· E	Check if Austin, TX, officeholder living expense
	EXPENDITURE		facebook ad	
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	5,011			

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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				/ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-	Sch: 7/7 Rpt: 27/28	-	Dunson, Linda M. (Ms.)			00081691
4	Date .	5	Payee name			
	11/30/2017		facebook.com			
6	Amount (\$)	7	Payee address; City; State; Zi	ip Co	de	
	\$5.95		1 Hacker Way			
	Reimbursement from political contributions intended		Menlo Park, CA 94205			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		L	Check if Austin, TX, officeholder living expense
					facebook ad	
9	Complete ONLY if direct	Cal	ndidate/Officeholder name		Office sought	Office held
ľ	expenditure to benefit	Oui	ididate/ Ciliberiolae/ Hairie		omoc ocagin	Cinico Nela
	C/OH					
	Date		Payee name			
	12/31/2017		facebook.com			
	Amount (\$)		Payee address; City; State; Zi	ip Co	de	
	\$69.60		1 Hacker Way			
	Reimbursement from political contributions intended		Menlo Park, CA 94205			
	PURPOSE		Category (See Categories listed at the top of this schedule	e)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense
					facebook ad	
_	Complete ONLY if direct	Cal	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit	Cai	ididate/Officeroider frame		Office Sought	Office field
	C/OH					
	Date		Payee name			
	12/31/2017		facebook.com			
	Amount (\$)		Payee address; City; State; Zi	ip Co	de	
	\$7.40		1 Hacker Way			
	Reimbursement from political contributions intended		Menlo Park, CA 94205			
	PURPOSE		Category (See Categories listed at the top of this schedule	e)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		L	Check if Austin, TX, officeholder living expense
					facebook ad	
	Complete ONLY if direct	Ca:	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH	Cal	ididate/Onicendidel Halle		Onice sought	Office field
Г						
ı						

OUTSTANDING LOANS				SCHEDULE L	
	The Instruction Guide explains how to complete this form.		1		es Schedule L: Rpt: 28/28
2	FILER NAME Dunson, Linda M. (Ms.)		3	Filer ID 0008169	(Ethics Commission Filers)
	LENDER INFORMATION	4 Name of lender		0008109	1
		Dunson, Linda (Ms.) 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			
	LENDER INFORMATION	Name of lender Dunson, Linda (Ms.)			
		Lender address; City; State; Zip Code			
	CHADANTOD	Houston, TX 77088			
	GUARANTOR INFORMATION	Name of guarantor			
	X not applicable	Guarantor address; City; State; Zip Code			