### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to o	complete this form.	1 Filer ID (Ethics Commission F 00081691	-ilers)	2 Total pages	filed: 17		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI				
OFFICEHOLDER	The Honorable	Linda M.						
NAME					Date Received			
					ELECTRONIC	CALLY FILED		
	NICKNAME	LAST		SUFFIX	. 07/14/2024			
	Marie	Dunson						
					Data Hand dellamore	an Data Daatu aduad		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked		
MAILING								
ADDRESS	REDACTED PER	254.0313, GOV'T (	CODE		Receipt #	Amount		
Change of Address								
					Date Processed			
					Date Imaged			
					<u> </u>			
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			МІ			
NAME	Mr.	Eric T.						
	NICKNAME	LAST			SUFFIX			
		McFerren						
6 CAMPAIGN	STREET ADDRESS (NO		APT / SI	JITE #; CITY;	T	ATE; ZIP CODE		
TREASURER		JFO BOX FLEASE),		JIL #, CITT,	51	ATE, ZIF CODE		
ADDRESS								
(Residence or Business)	REDACTED PER	254.0313, GOV'T (	CODE					
. ,								
7 CAMPAIGN	AREA CODE F	HONE NUMBER	EXTENSION					
TREASURER PHONE	(832) 265-3013							
8 REPORT								
TYPE	January 15	30th day before	e election 🔲 Rund	off	15th day after ca	ampaign treasurer		
				a da duna difia d				
	X July 15	8th day before		eded modified	Final Report (At	tach C/OH-FR)		
9 PERIOD	-	ear		Month Day	Year			
COVERED	01/01/2024	TH	HROUGH	06/30/202	4			
10 ELECTION	ELECTION DAT	E	E	LECTION TYPE				
	Month Day Y	ear 🛛 🕞 F	Primary	Runoff	Other			
			Seneral	Special				
11 OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT	(if known)			
	Family District Court	Judge District 309 H	larris					
	1							
GO TO PAGE 2								
Forms provided by Te	exas Ethics Commission	n www.et	hics.state.tx.us		Vers	ion V4.1.0.d378aba0		

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 17

L

13 C / OH NAME	Dunson, Linda M. (Th	ie Honorable)		14 Filer ID 00081691	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures r	accepted or political expenditu may have been made without quired to report this information	the candidate's or offi	ceholder's kr	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	1			
	GENERAL					
		COMMITTEE ADDR				
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	N PLEDGES, LOANS, CTRONICALLY)	, \$	0.00		
		ICAL CONTRIBUT	\$	0.00		
EXPENDITURE		PLEDGES, LOANS, ( IZED POLITICAL EXF	OR GUARANTEES OF LOAN PENDITURES	S)		0.00
TOTALS	-		\$	0.00		
	4. TOTAL POLIT	ICAL EXPENDITU	RES		\$	1,115.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	66,982.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	2,750.00
17 AFFIDAVIT		tr	swear, or affirm, under penalt ue and correct and includes a nder Title 15, Election Code.	y of perjury, that the a Il information required	ccompanying I to be report	g report is ed by me
		u				
		-		rable Linda M. Dun f Candidate or Officeh		
	TARY STAMP / SEAL AB	<b>N/F</b>	2.9.1410.00			
	TANT STANF / SEAL AD					
			ny hand and seal of office.	, this the		day
01	, 20, 10 0	entry which, whiless h	ny hand and sear of onice.			
Signature of offi	cer administering oath	Printed name or	f officer administering oath	Title of offic	er administe	ring oath
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.us		Version V	4.1.0.d378aba0

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

\$

\$

90.37

					3 of 17
-			19 Filer ID	(Ethics Com	mission Filers)
D	unson, L	inda M. (The Honorable)	00081691		
<b>20</b> S	CHEDULI	E SUBTOTALS		CUDTO	DTAL AMOUNT
N	AME OF		30610		
1.	X	\$	0.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.	X	\$	0.00		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	1,115.09
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	).	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SUBTOTALS - JC/OH

11. X

12.

TO FILER

	LOANS (J	schedule <b>E(</b>	J)						
	The Instructio	on Guide explains how to complete this t	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/17					
	FILER NAME Dunson, Linda N	Л. (The Honorable)	3 Filer ID 000816	(Ethics Commission File	ers)				
4	TOTAL OF UN	IITEMIZED LOANS			\$	0.00			
5	Date of loan	)	9 Loan Amount (\$)						
i	Is lender a financial institution?		10 Interest Rate						
			·		<b>11</b> Maturity Date				
12	Lender's Principal	Occupation	13 Lender's Job Title						
14	Lender's Employe	r/Law Firm	<b>15</b> Law Firm of lender's spous	se (if any)					
16 If lender is child, law firm of parent(s) (if any)									
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)				
	GUARANTOR INFORMATION		22 Amount Guaranteed	(\$)					
	not applicable	21 Guarantor address; City; State;	Zip Code						
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title						
25	Guarantor's Emplo	oyer/Law Firm	<b>26</b> Law Firm of guarantor's spouse (if any)						
27	If guarantor is child	d, law firm of parent(s) (if any)	·						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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 F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 1/11 Rpt: 5/17	Dunson, Linda M. (The Honorable)	00081691						
4	Date	Payee name							
	01/31/2024	Amegy Bank							
6	Amount (\$) \$2.00	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>P.O. Box 27459</li> <li>Houston, TX 77227-7459</li> </ul>							
8	PURPOSE								
8       PURPOSE         OF         EXPENDITURE             (a) Category (See Categories listed at the top of this schedule)         Accounting/Banking             (b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         bank statement fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/29/2024	Amegy Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2.00	P.O. Box 27459 Houston, TX 77227-7459							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. <sup>T</sup> X, officeholder living expense I <b>t fees</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/29/2024	Amegy Bank							
	Amount (\$) \$2.00	Payee address;City;State;Zip CodeP.O. Box 27459							
		Houston, TX 77227-7459							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. <sup>-</sup> X, officeholder living expense I <b>t fees</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       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)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 2/11 Rpt: 6/17	Dunson, Linda M. (The Honorable)	00081691						
4	Date	5 Payee name							
	04/30/2024	Amegy Bank							
6	Amount (\$) \$2.00	7 Payee address;       City;       State; Zip Code         00       P.O. Box 27459							
		Houston, TX 77227-7459							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank statement fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/31/2024	Amegy Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2.00	P.O. Box 27459 Houston, TX 77227-7459							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense t fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/28/2024	Amegy Bank							
	Amount (\$) \$2.00	Payee address;City;State;ZipCodeP.O. Box 27459							
		Houston, TX 77227-7459							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense <b>t fees</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Coi	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Reintle Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 3/11 Rpt: 7/17		Dunson, Linda M. (The Honorable)				00081691		
4	Date	5	Payee name						
	04/04/2024		Anything Wireless						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$500.00		5020 Louetta Rrd	•					
			ste 180						
			Spring, TX 77379						
8	PURPOSE	(2)			(b) Deceription				
ľ	OF	(a)	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	lule)	b) Description	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		onice overneud/rental Expense				, officeholder living expense		
					install cable v	wiri	ng in 309th trauma room		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice soug	ht		Office held		
	Date		Payee name						
	01/22/2024 Area 5 Democrats								
	Amount (\$)		Payee address; City; State;	Zip Coo	le				
	\$50.00	\$50.00 3800 Spencer, Suite L							
			Pasadena, TX 77504						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Event Expense	dule)		і, TX	ide of Texas. Complete Schedule T. , officeholder living expense S Brunch		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held		
	Date		Payee name						
	06/21/2024		GoDaddy.com						
	Amount (\$)		Payee address; City; State;	Zip Coo	le				
	\$294.09		14455 N. Hayden Rd.						
			ste 219						
			Scottsdale, AZ 85260						
-	PURPOSE	(a)	Category (See Categories listed at the top of this sched		<b>b)</b> Description				
	OF		Advertising Expense	ule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austir dunson4judg		, officeholder living expense vebsite		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Legal Services Committee Legal Services The Instruction Guide explains how to complete this form.				Travel in District Travel Out of Dis	quipment & Related Expense		
	Total pages Schedule F1:	2		· ·		•		3	Filer ID	(Ethics Commission Filers)
-	Sch: 4/11 Rpt: 8/17	-		(The Honorable)					00081691	(
4	Date	5	Payee name							
	01/16/2024		Greater Heights [	Democratic Club						
6	Amount (\$)	7	Payee address;	City; St	ate; Zip Co	de				
	\$20.00		4619 Lyons Ave							
			Houston, TX 7702	20						
8	PURPOSE	(a)	Category (See Cateo	ories listed at the top of this	schedule)	(b)	Description			
	OF		dues		soliculic)	.,		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE								officeholder living	j expense
							membership	due	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ght			Office he	eld
	Date		Payee name							
	01/16/2024		Houston LGBTQ-	Political Caucus						
⊢	Amount (\$)		Payee address;	City; St	ate; Zip Co	de				
	\$10.00		P.O. Box 66664		, <u></u>					
	<b>\$10.00</b>									
			Houston, TX 772	66						
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categ</sub> membership	ories listed at the top of this	s schedule)	(b)				plete Schedule T.
									officeholder living	) expense
							sustaining me	emr	ber dues	
	Complete ONIL V if direct	L	Candidate/Officehold	or nomo	Office cou	abt			Office he	bld
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			ername	Office sou	yn			Once ne	
	Date		Payee name							
	06/14/2024		Houston LGBTQ-	Political Caucus						
	Amount (\$)		Payee address;	City; St	ate; Zip Co	de				
	\$10.00		P.O. Box 66664							
			Houston, TX 772	66						
	PURPOSE	(a)	Category (See Categ	ories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		membership							plete Schedule T.
	-								officeholder living	
							sustaining me	2011		5
_		L			0"	e de t			077	1.1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	gnt			Office he	eia
	p									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         Tran           Food/Beverage Expense         Polling Expense         Trav           Gift/Awards/Memorials Expense         Printing Expense         Trav			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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 5/11 Rpt: 9/17		Dunson, Linda M. (The Honorable) 00081691					
4	Date	5	Payee name					
	02/13/2024		Houston LGBTQ+ Political Caucus					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode			
	\$10.00		P.O. Box 66664					
			Houston, TX 77266					
					I			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b) Description			
	EXPENDITURE		membership				side of Texas. Complete Schedule T. K, officeholder living expense	
							bership dues	
					Sustaining I	ICIII		
_	Operation ONITY is also at			0.000				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught		Office held	
	Date		Payee name					
	03/13/2024		Houston LGBTQ+ Political Caucus					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode			
	\$10.00		P.O. Box 66664					
	+_0.00							
			Houston, TX 77266					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s membership	schedule)	Check if Aust	in, TX	side of Texas. Complete Schedule T. K, officeholder living expense IberShip dues	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ught		Office held	
	Date		Payee name					
	04/15/2024		Houston LGBTQ+ Political Caucus					
			-	to: Zip Co	odo			
	Amount (\$)			te; Zip Co	oue			
	\$10.00		P.O. Box 66664					
			Houston, TX 77266					
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b) Description			
			membership	,	Check if trave	l outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		-				K, officeholder living expense	
					sustaining n	nem	bership dues	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught		Office held	
	expenditure to benefit C/OI	Н						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 6/11 Rpt: 10/17	Dunson, Linda M. (The Honorable)	00081691					
4	Date 05/13/2024	Payee name Houston LGBTQ+ Political Caucus						
		-						
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code P.O. Box 66664 Houston, TX 77266						
_	DUDDOOF							
8	<ul> <li>B PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) membership</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sustaining membership dues</li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/17/2024	Katy Area Democrats						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.00	6205 Mallard Dr Katy, TX 77493						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense member dues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/17/2024	Katy Area Democrats						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.00	6205 Mallard Dr						
		Katy, TX 77493						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense membership dues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/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 F1:	2				2	Filer ID (Ethics Commission Filers)		
-	Sch: 7/11 Rpt: 11/17		Dunson, Linda M. (The Honorable)				00081691		
4	Date	5	Payee name						
	02/20/2024		Katy Area Democrats						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$5.00		6205 Mallard Dr						
			Katy, TX 77493						
8	PURPOSE		-						
°	OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		membership				, officeholder living expense		
					sustaining m	em	bership dues		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice souç	ht		Office held		
	Date		Payee name						
	03/18/2024		Katy Area Democrats						
_	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$5.00		6205 Mallard Dr	1					
	\$0.00								
			Katy, TX 77493						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched membership	dule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense bership dues		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	04/17/2024		Katy Area Democrats						
	Amount (\$)		-	Zip Co	le				
	\$5.00		6205 Mallard Dr	210 000					
	φ3.00								
			Katy, TX 77493						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scheet membership	dule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense bership dues		
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ht		Office held		
	expenditure to benefit C/OI								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense			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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 8/11 Rpt: 12/17		Dunson, Linda M. (The Honorable) 00081691						
4	Date	5	Payee name			-			
	05/17/2024		Katy Area Democrats						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$5.00		6205 Mallard Dr						
			Katy, TX 77493						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Description				
Ĩ	OF	(,	membership	iedule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	I, TX,	, officeholder living expense		
					sustaining m	em	bership dues		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	03/25/2024 Meyerland Area Democrats								
Amount (\$) Payee address; City; State; Zip Code									
	\$40.00 P.O. Box 310061								
			Houston, TX 77231-0061						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch membership	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
					dues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	04/09/2024		Meyerland Area Democrats						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$24.00		P.O. Box 310061						
			Houston, TX 77231-0061						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	nittee			ide of Texas. Complete Schedule T. , officeholder living expense		
-	Complete ONLY if direct	L(	Candidate/Officeholder name 0	Office sou	aht		Office held		
	expenditure to benefit C/Oł				g				
-									

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office Ove Polling Ex Printing E Salaries/V	erhea pense xpens Vages	se s/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 9/11 Rpt: 13/17		Dunson, Linda M. (The Honorable)					00081691
4	Date	5	Payee name					
	02/12/2024		Run Sister Run PAC					
6	Amount (\$)	7	7 Payee address; City; State; Zip Code					
	\$25.00		p.o. box 66470					
			Houston, TX 77266					
8	PURPOSE	(a)			(h)	Description		
ľ	OF	( <i>a</i> )	Category (See Categories listed at the top of this Event Expense	s schedule)	(0)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Lvent Expense					, officeholder living expense
						annual tea		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	01/08/2024		Southwest Democrats					
	Amount (\$)		Payee address; City; St	ate; Zip Co	ode			
	\$10.00		p.o. box 2053					
	+_0.00							
			Bellaire, TX 77402					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this membership	s schedule)	(b)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense <b>ber dues</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l Ight			Office held
-	Date Payee name							
	02/07/2024		Southwest Democrats					
	Amount (\$)			ate; Zip Co	oho			
	\$10.00		p.o. box 2053	ale, Zip Co	Jue			
	Φ10.00		p.0. b0x 2033					
			Bellaire, TX 77402					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this membership	s schedule)	(b)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense bership dues
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ı ıght			Office held
	expenditure to benefit C/Oł			2	ə. "			
-								

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	pense ages/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 F1:			2 FILER NAME 3				Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 14/17		Dunson, Linda M. (The Honorable)				00081691
4	Date	5	Payee name				
	03/07/2024		Southwest Democrats				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$10.00		p.o. box 2053				
			Bellaire, TX 77402				
8	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hodulo)	(b) Description		
-	OF		membership	neuule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						, officeholder living expense
					sustaining m	em	bership dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	04/08/2024		Southwest Democrats				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$10.00		p.o. box 2053				
			Bellaire, TX 77402				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch membership	hedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense bership dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ght		Office held
	Date Payee name						
	05/07/2024		Southwest Democrats				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$10.00		p.o. box 2053	, ,			
			Bellaire, TX 77402	i			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch membership	hedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense bership dues
-	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Office sou	ght		Office held
	expenditure to benefit C/OI	-1					

EXPENDITURE CATEGORIES FOR BOX 8(a Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services Event Expense Polling Expense Printing Expense Salaries/Wages/Contrac The Instruction Guide explains how to complete this	bursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	00081691
	00001001
5 Payee name Southwest Democrats	
<ul> <li>Payee address; City; State; Zip Code</li> <li>p.o. box 2053</li> <li>Bellaire, TX 77402</li> </ul>	
	ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense aining membership dues
Candidate/Officeholder name Office sought	Office held
	Fees       Office Overhead/Rental Food/Beverage Expense Git/Awards/Memorials Expense Committee       Office Overhead/Rental Polling Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this         2       FILER NAME Dunson, Linda M. (The Honorable)       Printing Expense Salaries/Wages/Contract State; Zip Code p.o. box 2053         7       Payee address; City; State; Zip Code p.o. box 2053       State; Zip Code Code Code Code Code Code Code Code

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8

The Instruction Guide explains how to complete this form. (Ethics Commission Filers) Total pages Schedule I: 2 FILER NAME 3 Filer ID Dunson, Linda M. (The Honorable) Sch: 1/1 Rpt: 00081691 4 Date Payee name 5 01/11/2024 Luby's Cafeteria Payee Address; Amount (\$) 7 City; State; Zip 22422 Tomball Parkway 54.03 Houston, TX 77070 (a) Category (See instructions for examples of acceptable categories) PURPOSE (b) Description (See instructions regarding type of information required.) OF Luby's meals for Linda Dunson inadvert wrong debit card; noticed 6/30 and EXPENDITURE refunded on June 30, 2024 Zelle from Primeway Date Payee name 01/11/2024 chevron Amount (\$) Payee Address; City; State; Zip 6951 Cypress Creek Parkway 36.34 Houston, TX 77070 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) OF gas for Linda Dunson's vehicle inadvert wrong debit card; noticed 6/30 and EXPENDITURE refunded on June 30, 2024 Zelle from Primeway

SCHEDULE I

OUTSTAN	NDING LOANS	SCHEDULE L					
	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 17/17					
2 FILER NAME Dunson, Linda I	M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081691					
LENDER INFORMATION	<ul> <li>4 Name of lender Linda, Dunson (Judge)</li> <li>5 Lender address; City; State; Zip Code</li> </ul>						
GUARANTOR	Houston, TX 77267 6 Name of guarantor						
INFORMATION	7 Guarantor address; City; State; Zip Code						