JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission 00081691	Filers)	2 Total pages f	iled: 14
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Linda M.				USE UNLI
NAME	The Honorable	Ellida Mi			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/12/2025	
	Marie	Dunson				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	P.O. Box 670785					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77267					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Eric T.				
	NICKNAME	LAST			SUFFIX	
		McFerren			30111X	
		MCFeffen				
6 CAMPAIGN	STREET ADDRESS (NO		APT / S	SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	7322 Southwest Fwy. S	Ste. 2010				
(Residence or Business)	Houston, TX 77074					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER	(832) 265-3013					
PHONE	(,					
8 REPORT						
TYPE	X January 15	30th day before	e election 🔲 Rur	noff	15th day after ca	ampaign treasurer
				L	appointment (off	ficeholder only)
	July 15	8th day before		eeded modified	Final Report (At	tach C/OH-FR)
			rep	orting limit		
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	07/01/2024	Tł	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE	1	F	ELECTION TYPE		
	Month Day Yea		rimary		Other	
			liniary			
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	I	12	2 OFFICE SOUGHT	(if known)	
	Family District Court Ju	dge District 309 H				
		-				
		GO 1	O PAGE 2			
Formo provide d by T	was Ethics Commission				11	
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us		Vers	ion V4.1.0.5dd2ace

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 14

I

13 C / OH NAME	Dunson, Linda M. (Th	ne Honorable)	14 Filer ID 00081691	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office POLITICAL consent. Candidates and officeholders are required to report this information only if they receive n									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
		AME								
		COMMITTEE CAMPAIGN TREASURER AI	DDRESS							
16 CONTRIBUTION TOTALS		I. IZED POLITICAL CONTRIBUTIONS(OTHEF ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF		\$ 0.00						
EXPENDITURE										
TOTALS				\$ 0.00						
		ICAL EXPENDITURES		\$ 8,921.00						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 58,152.12						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAI TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT			penalty of perjury, that the ac udes all information required Code.							
		The	Honorable Linda M. Duns	son						
		Signa	ture of Candidate or Officeho	blder						
AFFIX NO	TARY STAMP / SEAL AB	DVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
		ertify which, witness my hand and seal of offic								
Signature of offic	cer administering oath	Printed name of officer administering o	ath Title of office	er administering oath						
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2						

FORM JC/OH COVER SHEET PG 3

3 of 14

18 FILER NAM	E	19 Filer ID	(Ethics Commission Filers)					
Dunson, L	inda M. (The Honorable)	00081691						
20 SCHEDULE	SUBTOTALS							
NAME OF S	SCHEDULE		SUBTOTAL AMOUNT					
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.	4. SCHEDULE E(J): LOANS (JUDICIAL)							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$ 8,921.00					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 90.37					

SUBTOTALS - JC/OH

			EXPENDITURE CATEGOR	RIES FOR	BC)X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					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: 1/10 Rpt: 4/14		Dunson, Linda M. (The Honorable)					00081691			
4	Date	5	Payee name								
	11/05/2024		Act Blue Technical Services								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$1.00		p.o. box 441146	•							
	somerville, MA 02144										
8	PURPOSE	(a)			(h)	Description					
ľ	OF	(4)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(0)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee		Check if Austin	, TX,	officeholder living expense			
						process servi	ce	donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held			
	Date		Payee name								
	12/31/2024		Amegy Bank								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$12.00 P.O. Box 27459										
			Houston, TX 77227-7459								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	EXPENDITURE		Accounting/Banking					de of Texas. Complete Schedule T. officeholder living expense			
								fee \$2 per month for July, August,			
								ober, November and December			
	Complete ONLY if direct	L(Candidate/Officeholder name C)ffice sou	ght			Office held			
	expenditure to benefit C/OF	H			-						
	Date		Payee name								
	11/05/2024		Area 5 Democrats								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$150.00		3800 Spencer, Suite L								
			Pasadena, TX 77504								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	EXPENDITURE		Contributions/Donations Made By	ittaa				de of Texas. Complete Schedule T. , officeholder living expense			
			Candidate/Officeholder/Political Comm	mee		2024 got can					
						got our					
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name C	Office sou	thr			Office held			
	expenditure to benefit C/OF										
-											

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						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 1	· .		•	3	Filer ID (Ethics Commission Filers)					
-	Sch: 2/10 Rpt: 5/14		Dunson, Linda M. (The Honorable)			ľ	00081691					
4	Date	5 F	Payee name									
	08/26/2024	ł	Houston Black American Democrats									
6	Amount (\$)	7 F	Payee address; City; State;	Zip Co	le							
	\$250.00	250.00 P.O. Box 2252										
		ŀ	Houston, TX 77252									
8	PURPOSE	(a) (Category (See Categories listed at the top of this sche	(aluba	(b) Description							
	OF		Contributions/Donations Made By	uule)		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE		Candidate/Officeholder/Political Commi	ttee	Check if Austin	I, TX	, officeholder living expense					
					fall fundraise	r sp	oonsor					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held					
_	Data											
	Date		Payee name									
	07/15/2024	ł	Houston LGBTQ+ Political Caucus									
	Amount (\$)	F	Payee address; City; State;	Zip Co	le							
	\$10.00	F	P.O. Box 66664									
		ŀ	Houston, TX 77266									
	PURPOSE	(a) (Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		nembership	,	Check if travel	outsi	ide of Texas. Complete Schedule T.					
	EXPENDITORE						, officeholder living expense					
					sustaining m	em	ber					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held					
	- P											
	Date		Payee name									
	08/13/2024	ł	Houston LGBTQ+ Political Caucus									
	Amount (\$)	F	Payee address; City; State;	Zip Co	le							
	\$10.00	F	P.O. Box 66664									
		ł	Houston, TX 77266									
	PURPOSE	(a) (Category (See Categories listed at the top of this sche	dule)	(b) Description							
	OF EXPENDITURE		nembership	·			ide of Texas. Complete Schedule T.					
	EXPENDITORE						, officeholder living expense					
					sustaining m	em	ber					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held					
	experiatione to benefit C/Of	1										
						_						

			EXPENDITURE CATEGO	RIES FOF	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 Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	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: 3/10 Rpt: 6/14		Dunson, Linda M. (The Honorable)				00081691						
4	Date	5	Payee name										
	09/13/2024		Houston LGBTQ+ Political Caucus										
6	Amount (\$)	7	, , , , , , , , , , , , , , , , , , ,	; Zip Co	le								
	\$10.00	0.00 P.O. Box 66664											
		Houston, TX 77266											
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description								
	EXPENDITURE		membership				ide of Texas. Complete Schedule T. , officeholder living expense						
					sustaining m								
					g ···								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	jht		Office held						
	Date		Payee name										
	10/15/2024		Houston LGBTQ+ Political Caucus										
	Amount (\$)		Payee address; City; State	; Zip Co	le								
	\$10.00		P.O. Box 66664										
			Houston, TX 77266										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch membership	nedule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense ber dues						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	Jht		Office held						
	Date		Payee name										
	11/13/2024		Houston LGBTQ+ Political Caucus										
	Amount (\$)		Payee address; City; State	; Zip Co	le								
	\$10.00		P.O. Box 66664										
			Houston, TX 77266										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch membership	nedule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense ber dues						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Jht		Office held						
	expenditure to benefit C/OI	Н											

			EXPENDITURE CATEGOR	RIES FOR	R 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	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/Reimbursemen erhead/Rental Expense pense kpense /ages/Contract Labor	t	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: 4/10 Rpt: 7/14		Dunson, Linda M. (The Honorable)				00081691						
4	Date	5	Payee name										
	12/13/2024		Houston LGBTQ+ Political Caucus										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$10.00		P.O. Box 66664	•									
		Houston, TX 77266											
8	PURPOSE	(2)			(b) Description								
ľ	OF	(a)	Category (See Categories listed at the top of this schemembership	edule)		el outs	side of Texas. Complete Schedule T.						
	EXPENDITURE		membership		Check if Au	tin, TX	K, officeholder living expense						
					sustaining	mem	iber dues						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held						
	Date		Payee name										
	07/17/2024		Katy Area Democrats										
	Amount (\$) Payee address; City; State; Zip Code												
	\$5.00 6205 Mallard Dr												
			Katy, TX 77493										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schemenbership	edule)		stin, TX	side of Texas. Complete Schedule T. K, officeholder living expense I ber						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held						
	Date		Payee name										
	08/19/2024		Katy Area Democrats										
-	Amount (\$)		-	Zip Co	de								
	\$5.00		6205 Mallard Dr										
			Katy, TX 77493										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schemenbership	edule)		tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense Iber						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 5/10 Rpt: 8/14	Dunson, Linda M. (The Honorable)	00081691							
4	Date	5 Payee name								
	09/17/2024	Katy Area Democrats								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$5.00	6205 Mallard Dr Katy, TX 77493								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE Image: State of the state									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/17/2024	Katy Area Democrats								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$5.00	6205 Mallard Dr Katy, TX 77493								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense nber dues							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/18/2024	Katy Area Democrats								
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 6205 Mallard Dr								
		Katy, TX 77493								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense nber dues							
	Complete ONLY 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					nt/Reimbursement d/Rental Expense e se //Contract Labor		Travel in District Travel Out of Distri		uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission Filers)
-	Sch: 6/10 Rpt: 9/14		Dunson, Lir		(The Hono	rable)				•	00081692		(
4	Date	5	Payee name										
	12/17/2024		Katy Area D	Democi	rats								
6	Amount (\$)	7	Payee addre	ss:	City;	State [.]	Zip Co	ode					
•	\$5.00		6205 Mallai		0.09,	e tato,	p 00						
			Katy, TX 77	493									
8	PURPOSE	(a)	Category (S	ee Catego	ries listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		membershi						Check if travel			•	
									Check if Austin			ving e	expense
									sustaining me	eml	per dues		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholde	er name	C	Office sou	ight			Office	hel	d
	Date		Payee name										
	09/03/2024		Kingwood A	rea De	emocrats								
	Amount (\$)	╞	Payee addre	SS:	City;	State:	Zip Co	de					
	\$125.00		p.o. box 61			,	1						
	\$120.00		p.0. box 01										
			Kingwood, ⁻	TX 773	825-6177								
	PURPOSE	(a)	Category (S	ee Catego	ries listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution										ete Schedule T.
			Candidate/	Officeh	older/Politio	cal Comm	ittee		Check if Austin				
									HCDP-JJRR Dinner	Jac	ckson Joh	nso	n Rayburn Richards
									Diffiei				
	Complete ONLY if direct		Candidate/Offi	ceholde	er name	C	Office sou	ight			Office	hel	d
	expenditure to benefit C/OF	H											
	Date		Payee name										
	08/19/2024		Linda, Duns	son (Ju	idge)								
-	Amount (\$)	-	Payee addre	-	City;	State:	Zip Co	ode					
	\$2,750.00		P.O. Box 67			Suit,	<u>–</u> ,p 00						
	ψ2,750.00		1.0. DOX 01	5700									
			Houston, T	x 7726	7								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Loan Repay										ete Schedule T.
			-						Check if Austin				
									loan repayme	ent	w charge	for	cashiers check
L													
	Complete ONLY if direct		Candidate/Offi	ceholde	er name	C	Office sou	ight			Office	hel	d
	expenditure to benefit C/OF	Н											

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	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	· · · · ·		·	3	Filer ID (Ethics Commission Filers)		
-	Sch: 7/10 Rpt: 10/14	-	Dunson, Linda M. (The Honorable)				00081691		
4	Date	5	Payee name						
	09/03/2024		Meyerland Area Democrats						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$100.00		P.O. Box 310061						
			Houston, TX 77231-0061						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By	Juuroy		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political Commi	ittee		, TX	, officeholder living expense		
					2024 GOTV				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held		
	Date		Payee name						
	08/21/2024		National Judicial College						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$4,999.00 University of Nevada								
			College Dr., Judicial College bldg, MS3	58					
			Reno, NV 89557						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Judicial education				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Haivaiu Juui	ciai			
_	Complete ONLY if direct		Candidate/Officeholder name O	office soug	iht		Office held		
	expenditure to benefit C/Oł			1100 000	,				
-	Date	<u> </u>	Payee name						
	07/08/2024		Southwest Democrats						
	Amount (\$)		Payee address; City; State;	Zip Co	10				
	\$10.00		p.o. box 2053	210 000					
	+20.00								
			Bellaire, TX 77402						
	PURPOSE	(a)			(b) Description				
	OF	"	Category (See Categories listed at the top of this sche membership	edule)	•	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		membership		Check if Austin	, TX	, officeholder living expense		
					sustaining m	em	ber		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht	_	Office held		
		1							

	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 Legal Services The Instruction Guide explains	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: 8/10 Rpt: 11/14		Dunson, Linda M. (The Honorable)				00081691						
4	Date	5	Payee name										
	08/07/2024		Southwest Democrats										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
-	\$10.00		p.o. box 2053										
			Bellaire, TX 77402										
8	PURPOSE	(2)			(b) Description								
ľ	OF	(a)	Category (See Categories listed at the top of this sch membership	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.						
	EXPENDITURE		membership		Check if Austin	, тх	, officeholder living expense						
					sustaining me	em	ber						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held						
	Date		Payee name										
	08/19/2024		Southwest Democrats										
	Amount (\$)		Payee address; City; State;	; Zip Co	de								
	\$110.00	\$110.00 p.o. box 2053											
			Bellaire, TX 77402										
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description								
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	vittoo			ide of Texas. Complete Schedule T. , officeholder living expense						
			Candidate/Oncendider/Folitical Comm	iiiiee			sary fundraiser						
					,		, ,						
	Complete ONLY if direct	(Candidate/Officeholder name C	Office sou	ght		Office held						
	expenditure to benefit C/OI	Η			-								
	Date		Payee name										
	09/09/2024		Southwest Democrats										
	Amount (\$)		Payee address; City; State;	; Zip Co	de								
	\$10.00		p.o. box 2053										
			Bellaire, TX 77402										
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description								
	EXPENDITURE		membership				ide of Texas. Complete Schedule T. , officeholder living expense						
					sustaining me								
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	aht		Office held						
	expenditure to benefit C/Oł				J•		0						
-													

			EXPENDITURE CATEGO	RIES FOF	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: 9/10 Rpt: 12/14		Dunson, Linda M. (The Honorable) 00081691									
4	Date	5	Payee name									
	10/01/2024		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 sch	edule)	(b) Description							
	OF		membership	,		outs	de of Texas. Complete Schedule T.					
	EXPENDITURE						officeholder living expense					
					sustaining me	em	ber dues					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held					
	Date		Payee name									
	11/01/2024		Southwest Democrats									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$10.00 p.o. box 2053											
	+20100		P.0. 2000									
			Bellaire, TX 77402									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch membership	iedule)		, тх	de of Texas. Complete Schedule T. , officeholder living expense ber dues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held					
	Date		Payee name									
	12/09/2024		Southwest Democrats									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$10.00		p.o. box 2053									
			Bellaire, TX 77402									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description							
	EXPENDITURE		membership			, тх	de of Texas. Complete Schedule T. officeholder living expense ber dues					
	Complete ONI V if direct	Ļ	Condidate/Officeholder name		sht		Office held					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	JIIL		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/Reinbursement Fees Office Overhead/Rental 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 10/10 Rpt: 13/14	Dunson, Linda M. (The Honorable)	00081691							
4	Date 10/02/2024	Payee name Tejano Democrats								
6	Amount (\$) \$165.00	Payee address; City; State; Zip Code 3213 Houston Ave., Houston, TX 77009								
8	PURPOSE OF EXPENDITURE	Check if Austin,	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tejano Democrats Roast & Toast Cristina Morales							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/15/2024	Tejano Democrats								
	Amount (\$) \$34.00	Payee address; City; State; Zip Code 3213 Houston Ave.,								
		Houston, TX 77009								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) membership (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense annual membership plus actablue processing 								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held										
	Date	Payee name								
	07/08/2024	Texas Democratic Women Harris County								
	Amount (\$)Payee address;City;State;Zip Code\$75.001445 North Loop West, Suite 110									
		Houston, TX 77008								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense IEON							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	pages Schedule K: 1/1 Rpt: 14/14				
2	2 FILER NAME Dunson, Linda M. (The Honorable)					D (Ethics Commission Filers)
					00082	
4	Date 07/31/2024	5	Name of person from whom amount is received Dunson, Linda (Judge)			8 Amount (\$) \$90.37
		6	Address of person from whom amount is received; City; State; Zip Code			
			Houston, TX 77267			
		7	Purpose for which amount is received X Check if p reimbursed amount inadvertently expensed on wrong credit card	olitic	al cont	tribution returned to filer