

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

RECEIVED FOR FILING
 DALLAS COUNTY
 ELECTIONS DEPARTMENT
 2020 JUN 17 AM 9:33

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI
 NICKNAME LAST SUFFIX
 LEE F.
 JACKSON

OFFICE USE ONLY

Date Received

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6011 DESCO DALLAS TX 75225

change of address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

4 REPORT TYPE

Annual Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year Month Day Year
 1 / 1 / 2019 THROUGH 12 / 31 / 2019

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.

\$ 77,525.19

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ 4,080.41

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lee Jackson
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lee Franklin Jackson, this the 10 day of January, 20 20, to certify which, witness my hand and seal of office.

Laura D. Reyes
 Signature of officer administering oath

Laura D. Reyes
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME LEE JACKSON	9 Filer ID (Ethics Commission Filers)
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10 Date 1/30/2019	11 Payee name Philosophical Society of Texas	13 Amount (\$) \$895.00
12 Payee address; City; State; Zip Code P.O. Box 160144 Austin, TX 78716		

14 Purpose of expenditure (See instructions regarding type of information required.) Annual Meeting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date 3/19/2019	Payee name Internal Revenue Service 2018 Tax Payment	Amount (\$) \$788.00
Payee address; City; State; Zip Code 6011 Desco Dallas TX 75225 Reimburse L. Jackson for 3/15/19 Payment to IRS		

Purpose of expenditure (See instructions regarding type of information required.) Pass Through Reimbursement for IRS Payment <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date 6/24/19	Payee name Philosophical Society of Texas	Amount (\$) \$300.00
Payee address; City; State; Zip Code P.O. Box 160144 Austin TX 78716		

Purpose of expenditure (See instructions regarding type of information required.) Annual Membership <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED