

# 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)

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR

FIRST

MI

MR

LEE

F

NICKNAME

LAST

SUFFIX

JACKSON

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6011 Desco Dr

Dallas

Texas

75225

change of address

4 REPORT TYPE

Annual

Final Disposition

5 PERIOD COVERED

Month

Day

Year

Month

Day

Year

1/

1/

2021

THROUGH

12

31

2021

6 TOTALS

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

\$ 166,776.73

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

\$ 2,441.56

7 SIGNATURE 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.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Lee Jackson, and my date of birth is 1/4/1950.

My address is 6011 Desco Dr, Dallas, TX, 75225, USA.

Executed in Dallas County, State of Texas, on the 3rd day of January, 2022.

Signature of Candidate/Officeholder (Declarant)

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

ELECTIONS DEPARTMENT

**FORM C/OH-UC**

**PG 2**

2022 JAN 20 AM 4:28

<b>8</b> C/OH NAME Lee Jackson	<b>9</b> Filer ID (Ethics Commission Filers)
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<b>10</b> Date 4/19/2021	<b>11</b> Payee name Philosophical Society of Texas	<b>13</b> Amount (\$)  \$500
<b>12</b> Payee address; City; State; Zip Code  P.O. Box 160144 Austin TX 78716		

<b>14</b> Purpose of expenditure (See instructions regarding type of information required.) Donation to non profit association <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>15</b> 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 6/18/2021	Payee name Lee Jackson	Amount (\$)  \$663
Payee address; City; State; Zip Code 6011 Desco Dr Dallas Texas 75225		

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for payment to IRS of 2020 1120POL taxes <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 6/18/2021	Payee name Lee Jackson	Amount (\$)  \$425
Payee address; City; State; Zip Code 6011 Desco Dr Dallas Texas 75225		

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for personal payment to CPA for 2020 tax prep for this fund as described above <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 10/15/2021	Payee name Austin Street Center	Amount (\$)  \$1825
Payee address; City; State; Zip Code 9440 Garland Road Dallas TX 75218		

Purpose of expenditure (See instructions regarding type of information required.) Contribution to 501c3 non profit <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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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**