

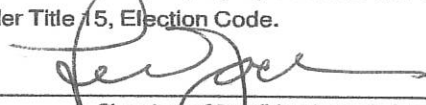
CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

ELECTIONS 2023

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 <u>LEE</u>	MI <u>F</u>	OFFICE USE ONLY			
	INCH/NONE	LAST <u>JACKSON</u>	SUFFIX				
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Date Postmarked	
	<u>6011 DESCO DALLAS TX 75225</u>					Receipt #	Amount \$
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition					Date Processed	
5 PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Imaged
<u>1 / 1 / 2022 THROUGH 12 / 31 / 2022</u>							
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.					\$ <u>115,215.67</u>	
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.					\$ <u>4,403.78</u>	

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 1-4-50.
 My address is 6011 DESCO DR, DALLAS, TX, 75225, USA.
(street) (city) (state) (zip code) (country)
 Executed in DALLAS County, State of TEXAS, on the 15th day of January, 2023.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

**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)
10 Date 3/22/22	11 Payee name DALLAS CITIZENS COUNCIL	13 Amount (\$) \$ 500. ⁰⁰
12 Payee address; City; State; Zip Code 901 MAIN ST DALLAS TX 75202		

14 Purpose of expenditure (See instructions regarding type of information required.) DONATION	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Date 6/14/22	Payee name LEE JACKSON	Amount (\$) \$ 1513. ⁰⁰
Payee address; City; State; Zip Code 6011 DESCO DALLAS TX 75225		

Purpose of expenditure (See instructions regarding type of information required.) REIMBURSE FOR IRS 2021 TAXES PAID + CPA	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Date 9/12/22	Payee name US TREASURY	Amount (\$) \$ 461.25
Payee address; City; State; Zip Code WASHINGTON, D.C.		

Purpose of expenditure (See instructions regarding type of information required.) LATE PAYMENT FEE PAID UNDER PROTEST TO IRS	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED