

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | |
|----------------------|------------------|
| 1 ACCOUNT # 00062478 | 2 PAGE # 1 of 12 |
|----------------------|------------------|

| | | | | |
|--------------------------------------|---|---|--|---|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Lee | MI | OFFICE USE ONLY Date Received |
| | NICKNAME | LAST Jackson | SUFFIX | |
| 4 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | Date Hand-delivered or Date Postmarked |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded \$500 limit | | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | Receipt # Amount |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report | | |
| 5 ORIGINAL PERIOD COVERED | Month Day Year | Month Day Year | | Legal Totals |
| | 07/01/2007 | THROUGH | 12/31/2007 | Date Processed |
| | | | | Date Imaged |

6 EXPLANATION OF CORRECTION

The amount entered for outstanding loans was entered incorrectly. \$7500 was entered in the unitemized loans and not in the Total outstanding Loan Balance. Report totals was corrected. All forms were correct

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Lee E Jackson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00062478

2 PAGE #
2 of 12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Lee
.....
NICKNAME LAST SUFFIX
Jackson

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P. O. Box 3481
Forth Worth, TX 76113

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Steve
.....
NICKNAME LAST SUFFIX
Klein

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P. O. Box 173251
Arlington, TX 76003

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 473-1844

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07/01/2007 12/31/2007

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
03/04/2008

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
State Representative District 96

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jackson, Lee (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00062478

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

5,595.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

5,703.11

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

7,500.00

18 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 E Jackson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/4 Report: 4/12 | |
| 2 FILER NAME Jackson, Lee (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00062478 | |
| 4 Date 11/14/2007 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Stephen (Mr.) 6 Contributor address; City; State; Zip Code Granbury, TX 76049 | 7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 11/14/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, W. Joseph (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 11/10/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barksdale, Larry (Mr.) Contributor address; City; State; Zip Code Aledo, TX 76008 | Amount of contribution (\$) \$1,170.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) In-kind contribution for building website |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 11/29/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caldwell, Edward (Mr.) Contributor address; City; State; Zip Code Stone Mountain, GA 30087 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 11/19/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CLEAT PAC Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/4 Report: 5/12 | |
| 2 FILER NAME Jackson, Lee (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00062478 | |
| 4 Date 11/15/2007 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cole, Patricia (Mrs.) 6 Contributor address; City; State; Zip Code Fort Worth, TX 76185 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 12/11/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dallas Police Officer PAC Contributor address; City; State; Zip Code Dallas, TX 75215 | Amount of contribution (\$) \$750.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 11/15/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dameron, Randal (Mr.) Contributor address; City; State; Zip Code Burleson, TX 76028 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 11/21/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delord, Ron (Mr.) Contributor address; City; State; Zip Code Georgetown, TX 78628 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 11/15/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guajardo, Diana (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76109 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Fort Worth ISD | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 3/4 Report: 6/12

2 FILER NAME Jackson, Lee (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00062478

4 Date **5 Full name of contributor** out-of-state PAC (ID# _____)
11/15/2007 Hatley, Christopher (Mr.)

11/15/2007

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76108

7 Amount of contribution (\$) | **8 In-kind contribution description (if applicable)**

\$25.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
11/15/2007 Jones, Harry Jr. (Mr.)

11/15/2007

Contributor address; City; State; Zip Code
Cresson, TX 76035

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
11/20/2007 Klein, Laura (Mrs.)

11/20/2007

Contributor address; City; State; Zip Code
Arlington, TX 76003

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
11/11/2007 McClellan, Matt (Mr.)

11/11/2007

Contributor address; City; State; Zip Code
Aledo, TX 76008

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
11/14/2007 Meadows, Randel (Mr.)

11/14/2007

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 7/12

2 FILER NAME Jackson, Lee (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00062478

4 Date
11/15/2007

5 Full name of contributor out-of-state PAC (ID# _____)
Parsons, Thomas (Mr.)

6 Contributor address; City; State; Zip Code
Dalworthington Gardens, TX 76016

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$300.00 | In-kind donation for catering

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11/15/2007

Full name of contributor out-of-state PAC (ID# _____)
Smith, Douglas (Mr.)

Contributor address; City; State; Zip Code
Roanoke, TX 76262

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$50.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/15/2007

Full name of contributor out-of-state PAC (ID# _____)
Weenig, J C (Mr.)

Contributor address; City; State; Zip Code
Mansfield, TX 76063

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$100.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LOANS

SCHEDULE E

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/1 Report: 8/12 |
| 2 FILER NAME Jackson, Lee (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00062478 |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒⇒⇒⇒⇒⇒ | | \$ |
| 5 Date of loan 10/16/2007 | 7 Name of lender Jackson, Lee (Mr.) <input type="checkbox"/> out-of-state PAC (ID#_____) | 9 Loan Amount (\$) \$7,500.00 |
| 6 Is lender a financial Institution? No | 8 Lender address; City; State; Zip Code Fort Worth, TX 76113 | 10 Interest rate 0 |
| | | 11 Maturity date 04/16/2008 |
| 12 Principal occupation / Job title (See Instructions) Police Officer | | 13 Employer (See Instructions) City of Fort Worth |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | |
| 15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 16 Name of guarantor 17 Guarantor address; City; State; Zip Code | 18 Amount Guaranteed (\$) |
| 19 Principal Occupation | | 20 Employer |

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/3 Report: 9/12 |
| 2 FILER NAME Jackson, Lee (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00062478 |
| 4 Date 12/27/2007 | 5 Payee name Donatelli - Avella Inc 6 Payee address; City; State; Zip Code P. O. Box 25784 Alexandra, VA 22313 | 7 Amount (\$) \$3,500.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 11/12/2007 | Payee name Executive Catering of Texas Payee address; City; State; Zip Code P O 1444 Roanoke, TX 76262 | Amount (\$) \$254.39 |
| Purpose of payment (See instructions regarding type of information required.) catering (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 10/17/2007 | Payee name Godaddy.com Payee address; City; State; Zip Code 14455 N. Hayden Rd. Suite 219 Scottsdale, AZ 85260 | Amount (\$) \$10.19 |
| Purpose of payment (See instructions regarding type of information required.) voteleejackson.com domain registration (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 11/03/2007 | Payee name Godaddy.com Payee address; City; State; Zip Code 14455 N. Hayden Rd. Suite 219 Scottsdale, AZ 85260 | Amount (\$) \$10.19 |
| Purpose of payment (See instructions regarding type of information required.) leejacksoncampaign.com domain registration (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/3 Report: 10/12 |
| 2 FILER NAME Jackson, Lee (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00062478 |
| 4 Date 10/31/2007 | 5 Payee name Graphics 2 6 Payee address; City; State; Zip Code 507 S. Main St Fort Worth, TX 76104 | 7 Amount (\$) \$447.07 |
| 8 Purpose of payment (See instructions regarding type of information required.) Design and Print (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 11/19/2007 | Payee name Hahn, Jeff (Mr.) Payee address; City; State; Zip Code 7120 Windhaven Pkwy Apt 103 The Colony, TX 75056 | Amount (\$) \$50.00 |
| Purpose of payment (See instructions regarding type of information required.) Email Security Certificate (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 11/09/2007 | Payee name L L Design Payee address; City; State; Zip Code 610 Deer Valley Weatherford, TX 76085 | Amount (\$) \$408.62 |
| Purpose of payment (See instructions regarding type of information required.) Design and print (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 11/03/2007 | Payee name Moore, Robbin (Ms.) Payee address; City; State; Zip Code 5203 Override Dr Arlington, TX 76063 | Amount (\$) \$89.30 |
| Purpose of payment (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/3 Report: 11/12 |
| 2 FILER NAME Jackson, Lee (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00062478 |
| 4 Date 10/17/2007 | 5 Payee name MVP Photo 6 Payee address; City; State; Zip Code 4519 Bryce Ave Ste 1 Fort Worth, TX 76107 | 7 Amount (\$) \$562.90 |
| 8 Purpose of payment (See instructions regarding type of information required.) Campaign Photo Shoot (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 11/01/2007 | Payee name O K Paper Payee address; City; State; Zip Code 2412 E Randol Mill Arlington, TX 76011 | Amount (\$) \$43.22 |
| Purpose of payment (See instructions regarding type of information required.) Envelopes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 11/02/2007 | Payee name Swifty Printing & Graphics Payee address; City; State; Zip Code 2407 S. Cooper Arlington, TX 76015 | Amount (\$) \$166.09 |
| Purpose of payment (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | | |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/1 Report: 12/12 |
| 2 FILER NAME Jackson, Lee (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00062478 |
| 4 Date | 5 Payee name Jackson, Lee (Mr.) 6 Payee address; City; State; Zip Code P. O. Box 3481 Arlington, TX 76113 | 8 Amount (\$) \$45.51 |
| 11/12/2007 | 7 Purpose of expenditure (See instructions regarding type of information required.) supplies for fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Jackson, Lee (Mr.) Payee address; City; State; Zip Code P. O. Box 3481 Arlington, TX 76113 | Amount (\$) \$41.98 |
| 11/13/2007 | Purpose of expenditure (See instructions regarding type of information required.) Gas to Austin (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Jackson, Lee (Mr.) Payee address; City; State; Zip Code P. O. Box 3481 Arlington, TX 76113 | Amount (\$) \$68.80 |
| 11/14/2007 | Purpose of expenditure (See instructions regarding type of information required.) supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Jackson, Lee (Mr.) Payee address; City; State; Zip Code P. O. Box 3481 Arlington, TX 76113 | Amount (\$) \$4.85 |
| 11/15/2007 | Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |