CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS COVER SHEET PG 1

FORM C/OH-UC

The C/OH-UC	Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)
2 CANDIDATE /	MS/MRS/MR FIRST MI	
2 CANDIDATE / OFFICEHOLDER		OFFICE USE ONLY
NAME	LEE F	Date Received
	NICKNAME LAST SUFFIX	
	DOSTOR DESCRIPTION DE LA CONTRACTION DE	
	JACKSON	co 62 =
3 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
OFFICEHOLDER	THE THE STATE AND THE STATE AN	
ADDRESS		Date Hand-delivered or Date Postmarked
abanga of address		1
change of address	6011 DESCO DALLAS TX 75225	Receipt # Amount \$
4 REPORT TYPE	Annual Final Disposition	Date Processed
5 PERIOD	Month Day Year Month Day Year	
COVERED	04 / 04 / 0000	Date Imaged
	01/01/2023 THROUGH 12/31/2023	Name of the Control o
6 TOTALS	TOTAL AMOUNT OF UNEXPENDED DOLUTION, CONTRIBUTIONS AS OF	
	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 113,845.81
		110,040.01
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON	
	UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ 3517.47
T CICNIATURE .		
	ear, or affirm, under penalty of perjury, that the accompanying report	is true and correct and includes all
IIIIO	rmation required to be reported by me under Title 15, Election Code.	
	Le Jucks	~
	Signature of Candidat	e/Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed b	efore me by this the	day of,
20, to certify w	hich, witness my hand and seal of office.	
Signature of officer administerir	ng oath Printed name of officer administering oath	Title of officer administering oath
	, into that is standed administrating basis	ride of onicer administering oath
	OR	
(2) Unsworn Declaration	1	
Lee F J	ackson	
I My name is	, and my date of birth is)1/04/1950
My address is 6011 C	Desco Drive Dallas TX	75225 USA
, address is	A.D.L. V. S.	
Dallas	s (street) Texas 9th Janu	e) (zip code) (country)
Executed in	County, State of , on the day of (month)	year) .
	La Justin	(3041)
	Signature of Candidate	e/Officeholder (Declarant)

C/OH REP	FORM C/OH-UC PG 2			
8 C/OHNAME	LEE F JACKSON		9 Filer ID (Ethics Commission Filers)	
10 Date	Dallas Citizens Council		Amount (f)	
	12 Payee address; City; State; Zip Code		8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
1/19	901 Main Street, Suite 6212, Dallas,	TX 75202	\$500	
Membership to a candidate political com			e a contribution Yes officeholder, or No	
Check if to	ravel outside of Texas. Complete Schedule T.		Amount	
Date	Payee name Philosophical Society of Te	hilosophical Society of Texas		
	rayee address, Oity, State, Zip Code			
3/30	P.O Box 160144, Austin TX 78716		\$300	
		e a contribution e, officeholder, or		
Check if to	ravel outside of Texas. Complete Schedule T.	political com	mileo:	
Date	Payee name LEE F JACKSON		Amount (\$)	
	Payee address; City; State; Zip Code			
9/12	6011 DESCO DALLAS TX 75225		\$3831.00	
		e a contribution , officeholder, or nittee? X No		
Date	Payee name Ginger Sholden, CPA		Amount (\$)	
	Payee address; City; State; Zip Code			
9/12	1222 Montford Drive Dallas TX 752	51	\$425	
For 2022 Tax Preparation for this account only Check if travel outside of Texas. Complete Schedule T. Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: FORM C/OH-UC PG 2				
8 C/OHNAME	LEE F JACKSON		9 Filer ID (Ethics Commission Filers)	
10 Date	11 Payee name US Treasury/IRS 12 Payee address; City; State; Zip Code		13 Amount (\$) 2024 JAN	
10/24			\$209.09	
			e a contribution Yes officeholder, or No	
Check if t	ravel outside of Texas. Complete Schedule T.		<u> </u>	
Date	Associated Republicans	s of Texas	Amount (\$)	
	Payee address; City; State; Zip Code			
11/17	807 Brazos, Suite 601 Austin TX 787	70	\$10,000	
	ture (See instructions regarding type of information required.) Contribution ravel outside of Texas. Complete Schedule T.		e a contribution Yes officeholder, or No	
Date	Payee name	ACTION DESIGNATION OF THE PERSON OF THE PERS	Amount	
	Payee address; City; State; Zip Code		(\$)	
			e a contribution Yes , officeholder, or No	
Date	Payee name		Amount	
	Payee address; City; State; Zip Code		(\$)	
	ure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes , officeholder, or No	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				