

**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 VI <div style="text-align: center; font-size: 1.2em;">Lee F</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; text-align: center;">1-30-2025 DEC 2</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Jackson</div>	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center;">4242 Lomo Alto Dr. N70 Dallas 75219</div>	
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	
5 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 2024 THROUGH 12 / 31 / 2024	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 128,673.47
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ 4,434.48
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. <div style="text-align: center; margin-top: 20px;">_____ Signature of Candidate/Officeholder</div> <p style="text-align: center; font-weight: bold;">Please complete either option below:</p> <p>(1) Affidavit</p> <p>NOTARY STAMP/SEAL</p> <p>Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Signature of officer administering oath</div><div>Printed name of officer administering oath</div><div>Title of officer administering oath</div></div> <div style="background-color: black; height: 20px; width: 100%; text-align: center; margin-top: 5px;">OR</div> <p>(2) Unsworn Declaration</p> <p>My name is <u>Lee Jackson</u>, and my date of birth is <u>January 4, 1950</u>.</p> <p>My address is <u>4242 Lomo Alto Dr. N70</u>, <u>Dallas</u>, <u>TX</u>, <u>75219</u>, <u>USA</u>.</p> <p style="text-align: center; font-size: 0.8em;">(street) (city) (state) (zip code) (country)</p> <p>Executed in <u>Dallas</u> County, State of <u>Texas</u>, on the <u>15th</u> day of <u>January</u>, 20<u>25</u>.</p> <p style="text-align: center; font-size: 0.8em;">(month) (year)</p> <div style="text-align: center; margin-top: 10px;">_____ Signature of Candidate/Officeholder (Declarant)</div>		

**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 02/26/2024	11 Payee name Internal Revenue Service pass thru via Lee Jackson <hr/> 12 Payee address; City; State; Zip Code Austin Texas IRS office	13 Amount (\$) \$1509.00
14 Purpose of expenditure (See instructions regarding type of information required.) paid for full 2023 taxes owed thru Lee Jackson bank since brokerage account cannot pay directly to IRS <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
Date 02/26/2025	Payee name Ginger Sholden CPA <hr/> Payee address; City; State; Zip Code 1222 Montford Drive Dallas TX 75251	Amount (\$) \$450
Purpose of expenditure (See instructions regarding type of information required.) Tax Preparation fee for this account only <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
Date 04/19/2025	Payee name Dallas Citizens Council <hr/> Payee address; City; State; Zip Code 1601 Elm Suite 4560 Dallas TX 75201	Amount (\$) \$500
Purpose of expenditure (See instructions regarding type of information required.) Contribution <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
Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED