

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC
COVER SHEET PG 1**

<p>The C/OH-UC Instruction Guide explains how to complete this form.</p>				1 Filer ID (Ethics Commission Filers)			
<p>2 CANDIDATE / OFFICEHOLDER NAME</p>	MS/MRS/MR	FIRST Lee	MI F	OFFICE USE ONLY			
	NICKNAME	LAST Jackson	SUFFIX	Date Received JAN 16 26 PM 12:21			
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			Date Hand-delivered or Date Postmarked			
<input checked="" type="checkbox"/> change of address	4242 Lomo Alto Dr Apt N90 Dallas Texas 75219			Receipt # Amount \$			
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition			Date Processed			
5 PERIOD COVERED	Month 01	Day 01	Year 2025	Month 12	Day 31	Year 2026	Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.				\$ 135,564.26		
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.				\$ 4,176.89		

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

Lee Jackson

My name is _____, and my date of birth is _____.

My address is 4242 Lomo Alto Dr Apt N90 Dallas Texas 75219 USA

Dallas (street) 13th (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of January 20 26

Lee Jackson
Signature of Candidate/Officeholder (Declarant)

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: EXPENDITURES

**FORM C/OH-UC
PG 2**

8 C/OH NAME 10 Date 02/28/25			9 Filer ID (Ethics Commission Filers) 11 Payee name Associated Republicans of Texas 12 Payee address; City; State; Zip Code 807 Brazos Street, Suite 601 Austin, TX 78701 <input type="checkbox"/> Check if individual's residence address.
14 Purpose of expenditure (See instructions regarding type of information required.) Contribution <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date 03/31/25			Payee name Sholden Barnes PLLC Payee address; City; State; Zip Code 12222 Merit Drive Suite 820 Dallas, TX 75251 <input type="checkbox"/> Check if individual's residence address.
Purpose of expenditure (See instructions regarding type of information required.) Tax Preparation 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 03/31/25			Payee name Internal Revenue Service Payee address; City; State; Zip Code Paid directly to IRS EFTPS online payment system and reimbursed to Lee Jackson <input type="checkbox"/> Check if individual's residence address.
Purpose of expenditure (See instructions regarding type of information required.) 2024 Federal Taxes Owed for this account <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			Payee name
Payee address; City; State; Zip Code			Amount (\$)
<input type="checkbox"/> Check if individual's residence address.			
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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name
Lee Jackson

Filer ID #

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the COH UC Annual report due on January 15, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of Filer

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 01/04/1950.
My address is 4242 Lomo Alto Dr Apt N90, Dallas, Texas, 75219, USA.
Executed in Dallas County, State of Texas, on the 13th day of January, 2026.

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**