· · ·			52823		
I STATE SOL DIRECTORIES STATE	/ OFFICEHOLDER			FORM C/OH-UC	
REPORT OF	UNEXPENDED CO	ONTRIBUTIO		COVER SHEET PG 1	
			2025 MAR		
The C/OH-U	C Instruction Guide explains how t	to complete this form	- Juhi	1 Filer ID (Ethics Commission Filers)	
			COU	TT CLERK	
2 CANDIDATE /	MS/MRS/MR FIRST		MI DALL	OFFICE USE ONLY	
OFFICEHOLDER NAME	Lee		F ^{b †}	Date Received	
			SUFFIX	1 00 0005	
	HOICE DID		001	1.30.2025	
	Jackson			DCEDE	
3 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: 4242 Lomo Alto Dr. N70	CITY, STATE	ZIP CODE 75219	0.01	
ADDRESS	4242 LOINO ARO DI. N70	Dallas	5 (5219	Date Hand-delivered or Date Postmarked	
change of address				Receipt # Amount \$	
4 REPORT					
TYPE	X Annual	Final Disposition		Date Processed	
5 PERIOD	Month Day Year	Month Day	Year	Date Imaged	
COVERED	1 1 2024 THROL	_{јбн} 12 31	2024		
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED				
	DECEMBER 31 OF THE PREVIOUS Y		NG AS OF	\$ 128,673.47	
	2. TOTAL AMOUNT OF INTEREST A UNEXPENDED POLITICAL CONTRIBU			\$ 1121.10	
				4,434.48	
	vear, or affirm, under penalty of perju prmation required to be reported by m			is true and correct and includes all	
		Circulture	e of Candidate	Offenhalder	
		Signatur	e of Candidate	onceroider	
	Please comp	lete either option	below:		
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed b	before me by		this the	day of,	
20, to certify w	hich, witness my hand and seal of office.				
Signature of officer administeri	ng oath Printed name of off	icer administering oath		Title of officer administering oath	
		OR			
(2) Unsworn Declaratio	n				
	n			anuary 4, 1950	
My name is Lee Jackson My address is 4242 Lon		, and my date Dallas	of birth is TX	75219 USA	
My address is		'	······································		
Executed in Dallas	(street) County, State ofTexas	(city) , on the day of	(state) of January		
Executed in day of (year)					
Lea Jacon					
		Signature	of Candidate	/Officeholder (Declarant)	

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C/OH REP	FORM C/OH-UC PG 2				
8 C/OH NAME	9 Filer ID (Ethics Commission Filers)				
Lee Jacks					
10 Date	11 Payee name Internal Revenue Service pass thru via Lee Ja	13 Amount (\$)			
02/26/2024	12 Payee address; City; State; Zip Code	\$1509.00			
	Austin Texas IRS office				
14 Purpose of expenditure (See instructions regarding type of information required.) 15 Is expenditure a contribution to a candidate, officeholder, or political committee? Yes account cannot pay directly to IRS Check if travel outside of Texas. Complete Schedule T. No No					
Date	Payee name Ginger Sholden CPA		Amount (\$)		
02/26/2025	Payee address; City; State; Zip Code	\$450			
02/20/2020	1222 Montford Drive Dallas TX 75251				
Purpose of expendi	ture (See instructions regarding type of information required.)	le expenditu			
			e a contribution Yes e, officeholder, or No mittee?		
Check if t	ravel outside of Texas. Complete Schedule T.				
Date	Payee name Dallas Citizens Council		Amount (\$)		
04/19/2025	Payee address; City; State; Zip Code	\$500			
	1601 Elm Suite 4560 Dallas TX 75201				
	ure (See instructions regarding type of information required.)	ls expenditur	e a contribution		
			, officeholder, or		
	ravel outside of Texas. Complete Schedule T.				
Date	Payee name		Amount (\$)		
	Payee address; City; State; Zip Code				
	1				
	ure (See instructions regarding type of information required.)		e a contribution Yes , officeholder, or No		
Check if travel outside of Texas. Complete Schedule T.					
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

Forms provided by Texas Ethics Commission

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