

FORM C/OH  
COVER SHEET PG 1

Revised 1/1/2024

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

D. Lee Edwards

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

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

\$ 13,760.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10,483.62

CONTRIBUTION  
BALANCE

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

\$ 13,760.00

OUTSTANDING  
LOAN TOTALS

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

\$ 5,000

18 SIGNATURE

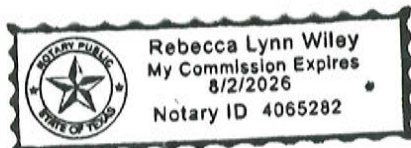
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information  
required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rebecca Wiley this the 3 day of April,  
2024, 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,760
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 5,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,483.62
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,503.58
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

**\*\* Complete A & B below only if you are not an officeholder. \*\***

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

## 5 OFFICEHOLDER

**\*\* Complete this section only if you are an officeholder \*\***

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 18
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 3-16-24	5 Full name of contributor Richard Haas 6 Contributor address, City, State Zip Code [REDACTED] Jersey City NJ 07307	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A
Date 3-18-24	Full name of contributor Stephen Tomaselli Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132	Amount of contribution (\$) \$50
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 3-19-24	Full name of contributor William Ball Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130	Amount of contribution (\$) \$500
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 3-23-24	Full name of contributor Christopher Diaz Contributor address, City, State Zip Code [REDACTED] Seguin TX 78155	Amount of contribution (\$) \$140
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 2-16-24	5 Full name of contributor Drake Thompson			7 Amount of contribution (\$) \$50	
	6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A		
Date 2-21-24	Full name of contributor Brian Sciantrelli			Amount of contribution (\$) \$300	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 3-10-24	Full name of contributor Phil Melone			Amount of contribution (\$) \$50	
	Contributor address, City, State Zip Code [REDACTED] Canyon Lake TX 78133				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 3-11-24	Full name of contributor Robert Haas			Amount of contribution (\$) \$100	
	Contributor address, City, State Zip Code [REDACTED] Jersey City NJ 07307				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 2-1-14	5 Full name of contributor Whitney Wiedner			7 Amount of contribution (\$) \$10	
	6 Contributor address, City, State, Zip Code [REDACTED] Universal City TX 78148				
8 Principal occupation / Job title (See instructions) N/A			9 Employer (See instructions) N/A		
Date 2-8-24	Full name of contributor John Manthey			Amount of contribution (\$) \$200	
	Contributor address, City, State, Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
Date 2-14-24	Full name of contributor Donald Lee Edwards			Amount of contribution (\$) \$10	
	Contributor address, City, State, Zip Code 1111 N. Walnut Ave New Braunfels TX 78130				
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date 2-16-24	Full name of contributor Tera Thompson			Amount of contribution (\$) \$50	
	Contributor address, City, State, Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See instructions)			Employer (See instructions)		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 3-18-24	5 Full name of contributor Casey L. Cox 6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 3-18-24	Full name of contributor Brian A. Cox Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3-20-24	Full name of contributor Helgard Suhr Hollis Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#) Contributor address, City, State Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 3-18-24	5 Full name of contributor Melvin Nolte Jr	out-of-state PAC ID#		7 Amount of contribution (\$) \$50	
	6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Sandra Nolte	out-of-state PAC ID#		Amount of contribution (\$) \$50	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Harry Bowers IV	out-of-state PAC ID#		Amount of contribution (\$) \$25	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Katherine M. Bowers	out-of-state PAC ID#		Amount of contribution (\$) \$25	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Enter ID (Ethics Commission Filers) [REDACTED]	
4 Date 3-18-24	5 Full name of contributor Mary Thompson Rhodes			7 Amount of contribution (\$) \$50	
6 Contributor address [REDACTED]			City: State Zip Code New Braunfels TX 78132		
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Doug R. Miller II			Amount of contribution (\$) \$100	
Contributor address [REDACTED]			City: State Zip Code New Braunfels TX 78130		
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Timothy J. Cronin			Amount of contribution (\$) \$25	
Contributor address [REDACTED]			City: State Zip Code New Braunfels TX 78130		
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Susan G. Tate			Amount of contribution (\$) \$25	
Contributor address [REDACTED]			City: State Zip Code New Braunfels TX 78130		
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer) [REDACTED]	
4 Date 3-15-24	5 Full name of contributor Veronica Batey	out-of-state PAC ID#	7 Amount of contribution (\$) \$250		
	6 Contributor address [REDACTED]	City, State Zip Code New Braunfels TX 78132			
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A		
Date 3-15-24	Full name of contributor Travis Batey	out-of-state PAC ID#	Amount of contribution (\$) \$250		
	Contributor address [REDACTED]	City, State Zip Code New Braunfels TX 78132			
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 3-17-24	Full name of contributor Mark Gibson	out-of-state PAC ID#	Amount of contribution (\$) \$100		
	Contributor address [REDACTED]	City, State Zip Code New Braunfels TX 78130			
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Howard M. Rhodes	out-of-state PAC ID#	Amount of contribution (\$) \$50		
	Contributor address [REDACTED]	City, State Zip Code New Braunfels TX 78132			
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <b>18</b>
2 FILER NAME <b>Donald Lee Edwards      D. Lee Edwards Campaign</b>		3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date <b>2-26-24</b>	5 Full name of contributor <b>Ron Shmidt</b> out-of-state PAC ID# _____ 6 Contributor address, City, State Zip Code [REDACTED] <b>New Braunfels TX 78130</b>	7 Amount of contribution (\$) <b>\$50</b>
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>2-28-24</b>	Full name of contributor <b>Richard N. Beach</b> out-of-state PAC ID# _____ Contributor address, City, State Zip Code [REDACTED] <b>New Braunfels TX 78132</b>	Amount of contribution (\$) <b>\$150</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2-28-24</b>	Full name of contributor <b>Patricia S. Beach</b> out-of-state PAC ID# _____ Contributor address, City, State Zip Code [REDACTED] <b>New Braunfels TX 78132</b>	Amount of contribution (\$) <b>\$150</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2-28-24</b>	Full name of contributor <b>James Ingles</b> out-of-state PAC ID# _____ Contributor address, City, State Zip Code [REDACTED] <b>New Braunfels TX 78132</b>	Amount of contribution (\$) <b>\$500</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign					3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 2-26-24	5 Full name of contributor Thomas Wibert				7 Amount of contribution (\$) \$50	
	6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132					
8 Principal occupation / Job title (See Instructions) N/A				9 Employer (See Instructions) N/A		
Date 2-26-24	Full name of contributor Dr. Wilma N. Wibert				Amount of contribution (\$) \$50	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132					
Principal occupation / Job title (See Instructions) N/A				Employer (See Instructions) N/A		
Date 2-26-24	Full name of contributor Denise E. Mund				Amount of contribution (\$) \$25	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130					
Principal occupation / Job title (See Instructions) N/A				Employer (See Instructions) N/A		
Date 2-26-24	Full name of contributor Jeff A. Mund				Amount of contribution (\$) \$25	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130					
Principal occupation / Job title (See Instructions) N/A				Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>						



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 2-9-24	5 Full name of contributor Susie Cummins			7 Amount of contribution (\$) \$150	
	6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A		
Date 2-16-24	Full name of contributor Sandra K. Huddleston			Amount of contribution (\$) \$125	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 2-16-24	Full name of contributor David A. Huddleston			Amount of contribution (\$) \$125	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 2-22-24	Full name of contributor Koleta Keyes Disch			Amount of contribution (\$) \$100.00	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The instruction Guide explains how to complete this form.				1 Total pages Schedule A1 18	
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 25-6-24	5 Full name of contributor Mr. Ronald R. Reaves			7 Amount of contribution (\$) \$50.00	
6 Contributor address [REDACTED]			City New Braunfels	State TX	Zip Code 78132
8 Principal occupation / Job title (See instructions) N/A			9 Employer (See instructions) N/A		
Date 2-6-24	Full name of contributor Mrs. Ronald R. Reaves			Amount of contribution (\$) \$50.00	
Contributor address [REDACTED]			City New Braunfels	State TX	Zip Code 78132
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
Date 2-7-24	Full name of contributor Arlon N Hermes			Amount of contribution (\$) \$50.00	
Contributor address [REDACTED]			City New Braunfels	State TX	Zip Code 78130
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
Date 2-9-24	Full name of contributor Tom Cummins			Amount of contribution (\$) \$150	
Contributor address [REDACTED]			City New Braunfels	State TX	Zip Code 78130
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The instruction guide explains how to complete this form.		1 Total pages Schedule A1 18									
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers) [REDACTED]									
4 Date 2-6-24	5 Full name of contributor Donna Hanz out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code [REDACTED] New Braunfels TX 78130	7 Amount of contribution (\$) \$50.00									
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A									
<del> <table border="1"> <tr> <td>Date</td> <td>Full name of contributor out-of-state PAC (ID# _____)</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address, City, State, Zip Code N/A</td> <td></td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See instructions) N/A</td> <td>Employer (See instructions) N/A</td> </tr> </table> </del>			Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)		Contributor address, City, State, Zip Code N/A		Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)									
	Contributor address, City, State, Zip Code N/A										
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A									
<del> <table border="1"> <tr> <td>Date</td> <td>Full name of contributor out-of-state PAC (ID# _____)</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address, City, State, Zip Code N/A</td> <td></td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See instructions) N/A</td> <td>Employer (See instructions) N/A</td> </tr> </table> </del>			Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)		Contributor address, City, State, Zip Code N/A		Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)									
	Contributor address, City, State, Zip Code N/A										
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A									
<del> <table border="1"> <tr> <td>Date</td> <td>Full name of contributor out-of-state PAC (ID# _____)</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address, City, State, Zip Code N/A</td> <td></td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See instructions) N/A</td> <td>Employer (See instructions) N/A</td> </tr> </table> </del>			Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)		Contributor address, City, State, Zip Code N/A		Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)									
	Contributor address, City, State, Zip Code N/A										
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A									

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1 18	
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 2-6-24	5 Full name of contributor Derrell Dudley			7 Amount of contribution (\$) \$250	
	6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A		
Date 2-6-24	Full name of contributor Susan C. Dudley			Amount of contribution (\$) \$250	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 2-6-24	Full name of contributor Charles Woods			Amount of contribution (\$) \$250	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 2-6-24	Full name of contributor Stephen W. Hanz			Amount of contribution (\$) \$50	
	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1 18	
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission #): [REDACTED]	
4 Date 1-22-24	5 Full name of contributor Cory Elrod	6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130		7 Amount of contribution (\$) \$50.00	
8 Principal occupation / Job title (See instructions) N/A			9 Employer (See instructions) N/A		
Date 1-22-24	Full name of contributor Whitney L. Elrod	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130		Amount of contribution (\$) \$50.00	
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
Date 11-22-24	Full name of contributor Mike A. Ybarra	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132		Amount of contribution (\$) \$100.00	
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
Date 2-1-24	Full name of contributor Lindsay N. Haas	Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130		Amount of contribution (\$) \$250.00	
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1 18	
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 1-22-24	5 Full name of contributor D. Lee Edwards			7 Amount of contribution (\$) \$2500	
6 Contributor address, City, State Zip Code 1111 N. Walnut Ave New Braunfels TX 78130					
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A		
Date 1-22-24	Full name of contributor Fred Heimke			Amount of contribution (\$) \$1000	
Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130					
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 1-22-24	Full name of contributor Jerry Sonier			Amount of contribution (\$) \$100	
Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132					
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 1-22-24	Full name of contributor Susan Sonier			Amount of contribution (\$) \$100	
Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132					
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 18
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 1-19-24	5 Full name of contributor Michael Meek out-of-state PAC ID# 6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 1-19-24	Full name of contributor Debra Meek out-of-state PAC ID# Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 1-19-24	Full name of contributor Shane Harrell out-of-state PAC ID# Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78132	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 1-22-24	Full name of contributor Caryne Edwards out-of-state PAC ID# Contributor address, City, State Zip Code 1111 N. Walnut Ave New Braunfels TX 78130	Amount of contribution (\$) \$2500
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1 18	
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer) [REDACTED]	
4 Date 1-19-24	5 Full name of contributor Barron Casteel			7 Amount of contribution (\$) \$133	
	6 Contributor address, City, State, Zip Code [REDACTED] New Braunfels TX 78130				
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A		
Date 1-19-24	Full name of contributor Carter Casteel			Amount of contribution (\$) \$134	
	Contributor address, City, State, Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 1-19-24	Full name of contributor Cheryl Casteel			Amount of contribution (\$) \$133	
	Contributor address, City, State, Zip Code [REDACTED] New Braunfels TX 78130				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
Date 1-19-24	Full name of contributor Mark Hampton			Amount of contribution (\$) \$200	
	Contributor address, City, State, Zip Code [REDACTED] New Braunfels TX 78132				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1 18	
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 1-3-24		5 Full name of contributor Bill Biggadike		7 Amount of contribution (\$) \$250	
		6 Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130			
8 Principal occupation / Job title (See instructions) N/A			9 Employer (See instructions) N/A		
Date 1-3-24		Full name of contributor Bill Biggadike		Amount of contribution (\$) \$250	
		Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130			
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
Date 1-9-24		Full name of contributor Joe Castilleja		Amount of contribution (\$) \$25	
		Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130			
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
Date 1-9-24		Full name of contributor Kristy Castilleja		Amount of contribution (\$) \$25	
		Contributor address, City, State Zip Code [REDACTED] New Braunfels TX 78130			
Principal occupation / Job title (See instructions) N/A			Employer (See instructions) N/A		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					



**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

2 FILER NAME

Donald Lee Edwards D. Lee Edwards Campaign

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

~~5~~ Date

6 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8	Amount of Contribution \$
---	---------------------------

**9 In-kind contribution description**

7 Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

NA

Date \_\_\_\_\_

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of Contribution \$

**In-kind contribution description**

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code N/A	Amount of Pledge \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# LOANS

## SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: _____	
2 FILER NAME <i>D. Lee Edwards</i> <i>Donald Lee Edwards Campaign</i>				3 Filer ID (Ethics Commission Filers) <div style="background-color: black; width: 100px; height: 20px;"></div>	
4 TOTAL OF UNITEMIZED LOANS				\$ <i>5,000</i>	
5 Date of loan <i>1/22/24</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>D. Lee &amp; Caryl Edwards Ranch</i>			9 Loan Amount (\$) <i>5,000</i>	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>1111 P. 10th Ave PB TX 78170</i>			10 Interest rate	
				11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Broker / Rancher</i>			13 Employer (See Instructions) <i>D. Lee Edwards Ranch</i>		
14 Description of Collateral <i>none</i>			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION  not applicable		17 Name of guarantor  18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <i>none</i>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign	3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 12-19-23	5 Payee name Walgreens	
6 Amount (\$) \$14.77	7 Payee address; 1160 S. Business IH 35 New Braunfels TX 78130	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Snacks and Party Supply	(b) Description Snacks and Party Supply
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 1-22-24	Payee name 4over	
Amount (\$) \$879	Payee address; 5900 San Francisco Rd (website) Glendale CA 91202	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Supply	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 1-24-24	Payee name N/A	
Amount (\$) \$3.00	Payee address; N/A	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website Processing Fee	Description Website Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>D. Lee Edwards Campaign</u>		3 Filer ID (Ethics Commission Filers) <u>[REDACTED]</u>	
4 Date <u>1-24-24</u>	5 Payee name <u>N/A</u>			
6 Amount (\$) <u>\$29.00</u>	7 Payee address; <u>N/A</u>		City; <u></u>	State; <u></u> Zip Code <u></u>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Website Processing Fee</u>		(b) Description <u>Website Processing Fee</u>	
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>D. Lee Edwards</u>		Office sought <u>City Council</u>	Office held <u></u>
Date <u>1-24-24</u>	Payee name <u>4 over</u>			
Amount (\$) <u>\$60.53</u>	Payee address; <u>5900 San Fernando Rd</u>		City; <u>Glendale</u>	State; <u>CA</u> Zip Code <u>91202</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Campaign Business cards</u>		Description <u>Campaign Business Cards</u>	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>D. Lee Edwards</u>		Office sought <u>City Council</u>	Office held <u></u>
Date <u>1-24-24</u>	Payee name <u>4 over</u>			
Amount (\$) <u>\$51.68</u>	Payee address; <u>5900 San Fernando Rd</u>		City; <u>Glendale</u>	State; <u>CA</u> Zip Code <u>91202</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Election Banner</u>		Description <u>Election Banner</u>	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>D. Lee Edwards</u>		Office sought <u>City Council</u>	Office held <u></u>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>D. Lee Edwards Campaign</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>1-25-24</b>	5 Payee name <b>4over</b>			
6 Amount (\$) <b>\$55.02</b>	7 Payee address; City; State; Zip Code <b>5900 San Fernando Rd Glendale CA 91202</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Supply</b>		(b) Description <b>Car Door Magnets</b>	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>D. Lee Edwards City Council</b>			
Date <b>1-26-24</b>	Payee name <b>Star Awards</b>			
Amount (\$) <b>\$51.96</b>	Payee address; City; State; Zip Code <b>1500 Interstate 35 S. Frontera Rd. New Braunfels TX 78130</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Campaign Supply</b>		Description <b>Campaign Buttons</b>	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>D. Lee Edwards City Council</b>			
Date <b>1-26-24</b>	Payee name <b>4over</b>			
Amount (\$) <b>\$719.87</b>	Payee address; City; State; Zip Code <b>5900 San Fernando Rd Glendale CA 91202</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Campaign Supply</b>		Description <b>Campaign Signs + Stakes</b>	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>D. Lee Edwards City Council</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 1-30-24	5 Payee name Pay Pal	
6 Amount (\$) 0.274	7 Payee address; 2211 N. 1st St. San Jose, CA	City; State; Zip Code 95131
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Campaign & Funds Service.	(b) Description Funds Services.
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 1-30-24	Payee name Design Print 4 U	
Amount (\$) \$1.0	Payee address; 990 S. Sequin Ave b.	City; State; Zip Code New Braunfels TX 78130
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Supply	Description T-Shirts
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 2-5-24	Payee name Ryan Data & Research	
Amount (\$) \$450	Payee address; 2211 N. 1st St.	City; State; Zip Code San Jose CA 95131
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Voter Data
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		
4 Date 2-15-24	5 Payee name Voter Direct Texas		
6 Amount (\$) \$1,526.33	7 Payee address: 150 N Seguin Ave.	City: New Braunfels	State: TX Zip Code: 78130
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expense	(b) Description Voter Data	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards		
	Office sought City Council		
	Office held		
Date 2-21-24	Payee name H-E-B		
Amount (\$) \$95.05	Payee address: 651 S. Walnut	City: New Braunfels	State: TX Zip Code: 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Party Supply	Description wine and sodas	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards		
	Office sought City Council		
	Office held		
Date 2-22-24	Payee name Wurstfest Assn.		
Amount (\$) \$200	Payee address: PO Box 310309	City: New Braunfels	State: TX Zip Code: 78131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Party Venue	Description Campaign Party Venue	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards		
	Office sought City Council		
	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign	3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 2-23-24	5 Payee name Amazon	
6 Amount (\$) \$70.35	7 Payee address; City; State; Zip Code 410 Terry Ave N. Seattle WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Supply	(b) Description Yard sign stakes
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 2-26-24	Payee name N/A	
Amount (\$) \$32.00	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Recurring charge	Description Recurring charge
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 2-28-24	Payee name 4 over	
Amount (\$) \$576.86	Payee address; City; State; Zip Code 5900 San Francisco Rd Glendale CA 91202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Supply	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME D. Lee Edwards Campaign Donald Lee Edwards	3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 2-29-24	5 Payee name Herald Zeitung Newspaper	
6 Amount (\$) \$263.93	7 Payee address; 549 Landa St.	City; State; Zip Code New Braunfels TX 78130
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Campaign Supply	(b) Description Campaign Ad
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 3-6-24	Payee name Design Print 4U	
Amount (\$) \$528.36	Payee address; 990 S. Seguin Ave B	City; State; Zip Code New Braunfels TX 78130
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Supply	Description Hats + T-Shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 3-14-24	Payee name Clear Springs Catering	
Amount (\$) \$500	Payee address; 1437 FM 758	City; State; Zip Code New Braunfels TX 78130
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Launch Party Supply	Description Catering/Food
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 FILER ID (SEE INSTRUCTIONS)	
4 Date 3-17-24		5 Payee name Walmart			
6 Amount (\$) \$10.47		7 Payee address; City; State; Zip Code 1209 I-35 New Braunfels TX 78130			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Sign Supply		(b) Description Cable Tie		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name D. Lee Edwards		Office sought City Council	
Date 3-18-24		Payee name Offic Depot			
Amount (\$) \$37.99		Payee address; City; State; Zip Code 1050 I35 N. Frontage Rd New Braunfels TX 78130			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Supply		Description Name Badges		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name D. Lee Edwards		Office sought City Council	
Date 3-19-24		Payee name Star Awards			
Amount (\$) \$51.50		Payee address; City; State; Zip Code 1500 Interstate 35 South New Braunfels TX 78130			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Supply		Description Campaign Buttons		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name D. Lee Edwards		Office sought City Council	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Donald Lee Edwards</b> <b>D. Lee Edwards Campaign</b>		3 Filer ID (Ethics Commission Filers) <b>[REDACTED]</b>	
4 Date <b>4-1-24</b>		5 Payee name <b>Voter Direct Texas</b>			
6 Amount (\$) <b>\$3,208.62</b>		7 Payee address; <b>150 N. Sequin Ave.</b>		City; <b>New Braunfels</b>	State; <b>TX</b>
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Campaign Expense</b>		(b) Description <b>Voter Data</b>	
		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>D. Lee Edwards</b>		Office sought <b>City Council</b>	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME D. Lee Edwards Donald Lee Edwards Campaign	3 Filer ID (Ethics Commission Filers) [REDACTED]
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 3,503.58
5 Date 3-18-24	6 Payee name Clear Springs Catering and Decorating	
7 Amount (\$) \$2,067.58	8 Payee address; City; State; Zip Code 1437 FM 758 New Braunfels TX 78130	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Catering	(b) Description Food Catering
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
Date 3-18-24	Payee name Spass Haus Rental	
Amount (\$) 1,436.00	Payee address; City; State; Zip Code P.O. Box 310309 New Braunfels TX 78131	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Venue Rental	Description Venue Rental
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Office sought City Council
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:	
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; City; State; Zip Code		
	7 Description of investment NA		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; City; State; Zip Code		
	Description of investment		
	Amount of investment (\$)		
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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2 FILER NAME *Donald Lee Edwards* *D. Lee Edwards* 3 FILER ID (Ethics Commission Filers) *Campaign*

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign	3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Donald Lee Edwards Campaign</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held


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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:		2 FILER NAME <i>D. Lee Edwards</i> <i>Donald Lee Edwards Campaign</i>		3 Filer ID (Ethics Commission Filers) 	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address;		City	State Zip Code
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received Check if political contribution returned to filer	8 Amount (\$)
Date	Name of person from whom amount is received N/A Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Donald Lee Edwards</i> <i>D. Lee Edwards Campaign</i>		3 Filer ID (Ethics Commission Filers) <div style="background-color: black; width: 100px; height: 1.2em;"></div>
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; font-size: 0.9em;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>N/A</i>		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; font-size: 0.9em;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		