

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers) [REDACTED]	2 Total pages filed: 42		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Donald	MI Lee	OFFICE USE ONLY			
	NICKNAME D. Lee	LAST Edwards	SUFFIX	Date Received 4-3-24			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; [REDACTED]	APT / SUITE #;	CITY; New Braunfels	STATE;	ZIP CODE TX 78130		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (830)	PHONE NUMBER 708-2319	EXTENSION		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Mark	MI R	Receipt # Amount \$			
	NICKNAME Hampton	LAST	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1117 N. Walnut Ave. Suite A			CITY; New Braunfels	STATE; ZIP CODE TX 78130		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 823-8611	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day 1	Year / / 2024	Month 4	Day 4	Year / / 2024	
11 ELECTION	ELECTION DATE Month 5 / Day 4 / Year / 2024		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description				
12 OFFICE	OFFICE HELD (if any) [REDACTED]			13 OFFICE SOUGHT (if known) New Braunfels City Council - District 3			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

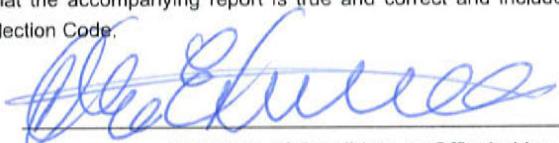
15 C/OH NAME

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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>13,760.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>10,483.62</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>13,760.00</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>5,000</i>

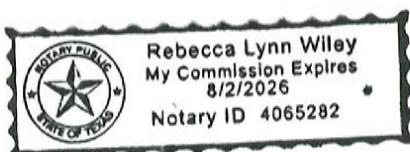
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature 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 <i>18</i>
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer) [REDACTED]
4 Date 3-16-24	5 Full name of contributor Richard Haas	6 Contributor address, [REDACTED]	7 Amount of contribution (\$) \$100	out-of-state PAC ID# _____
		City: Jersey City	State: NJ	Zip Code: 07307
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, [REDACTED]	Amount of contribution (\$) \$50	out-of-state PAC ID# _____
		City: New Braunfels	State: TX	Zip Code: 78132
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, [REDACTED]	Amount of contribution (\$) \$500	out-of-state PAC ID# _____
		City: New Braunfels	State: TX	Zip Code: 78130
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, [REDACTED]	Amount of contribution (\$) \$140	out-of-state PAC ID# _____
		City: Seguin	State: TX	Zip Code: 78155
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

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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 2-16-24	5 Full name of contributor Drake Thompson	6 Contributor address, [REDACTED]	City: New Braunfels State: TX Zip Code: 78130	7 Amount of contribution (\$) \$50
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	Contributor address [REDACTED]	City, State, Zip Code New Braunfels TX 78132	Amount of contribution (\$) \$300
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 3-10-24	Full name of contributor Phil Melone	Contributor address [REDACTED]	City, State, Zip Code Canyon Lake TX 78133	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 3-11-24	Full name of contributor Robert Haas	Contributor address [REDACTED]	City, State, Zip Code Jersey City NJ 07307	Amount of contribution (\$) \$100
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

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer#) [REDACTED]
4 Date 2-1-14	5 Full name of contributor Whitney Wiedner	6 Contributor address, [REDACTED]	7 out-of-state PAC ID# City: Universal City State: TX Zip Code: 78148	8 Amount of contribution (\$) \$10
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	Contributor address [REDACTED]	City: New Braunfels State: TX Zip Code: 78130	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 2-14-24	Full name of contributor Donald Lee Edwards	Contributor address 1111 N. Walnut Ave	out-of-state PAC ID# D. Lee Edwards Camaign City: New Braunfels State: TX Zip Code: 78130	Amount of contribution (\$) \$10
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 2-16-24	Full name of contributor Tera Thompson	Contributor address [REDACTED]	out-of-state PAC ID# City: New Braunfels State: TX Zip Code: 78130	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
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MONETARY POLITICAL CONTRIBUTIONS

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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 Filer) [REDACTED]
4 Date 3-18-24	5 Full name of contributor Casey L. Cox	6 Contributor address [REDACTED]	7 out-of-state PAC ID# City: State Zip Code New Braunfels TX 78130	8 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 [REDACTED]	City, State, Zip Code 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 [REDACTED]	City, State Zip Code New Braunfels TX 78132	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor	Contributor address	City State Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer) [REDACTED]
4 Date 3-18-24	5 Full name of contributor Melvin Nolte Jr	6 Contributor address [REDACTED]	7 Amount of contribution (\$) \$50	out-of-state PAC ID# [REDACTED]
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	Contributor address [REDACTED]	Amount of contribution (\$) \$50	out-of-state PAC ID# [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 Harry Bowers IV	Contributor address [REDACTED]	Amount of contribution (\$) \$25	out-of-state PAC ID# [REDACTED] City, State, Zip Code 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	Contributor address [REDACTED]	Amount of contribution (\$) \$25	out-of-state PAC ID# [REDACTED] City, State, Zip Code New Braunfels TX 78132
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

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer) [REDACTED]
4 Date 3-18-24	5 Full name of contributor Mary Thompson Rhodes	6 Contributor address [REDACTED]	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 Doug R. Miller II	Contributor address [REDACTED]	City, State, Zip Code New Braunfels TX 78130	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Timothy J. Cronin	Contributor address [REDACTED]	City, State, Zip Code New Braunfels TX 78130	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Susan G. Tate	Contributor address [REDACTED]	City, State, Zip Code New Braunfels TX 78130	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A		
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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 Filer) XXXXXXXXXX
4 Date 3-15-24	5 Full name of contributor Veronica Batey 6 Contributor address XXXXXXXXXX	out-of-state PAC ID# XXXXXXXXXX	7 Amount of contribution (\$) \$250	
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 Contributor address XXXXXXXXXX	out-of-state PAC ID# XXXXXXXXXX	Amount of contribution (\$) \$250	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A		
Date 3-17-24	Full name of contributor Mark Gibson Contributor address XXXXXXXXXX	out-of-state PAC ID# XXXXXXXXXX	Amount of contribution (\$) \$100	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A		
Date 3-18-24	Full name of contributor Howard M. Rhodes Contributor address XXXXXXXXXX	out-of-state PAC ID# XXXXXXXXXX	Amount of contribution (\$) \$50	
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

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

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer) [REDACTED]
4 Date 2-26-24	5 Full name of contributor Thomas Wibert	6 Contributor address, [REDACTED]	7 Amount of contribution (\$) \$50	out-of-state PAC (ID# _____)
		City: New Braunfels	State: TX	Zip Code: 78132
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) N/A	
Date 2-26-24	Full name of contributor Dr. Wilma N. Wibert	Contributor address, [REDACTED]	City: New Braunfels	Amount of contribution (\$): \$50
		State: TX	Zip Code: 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	Contributor address, [REDACTED]	City: New Braunfels	Amount of contribution (\$): \$25
		State: TX	Zip Code: 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	Contributor address, [REDACTED]	City: New Braunfels	Amount of contribution (\$): \$25
		State: TX	Zip Code: 78130	
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	

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MONETARY POLITICAL CONTRIBUTIONS

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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	6 Contributor address, [REDACTED] New Braunfels	7 out-of-state PAC ID# _____ City: TX State: Zip Code: 78130	Amount of contribution (\$) \$150
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	Contributor address, [REDACTED] New Braunfels	out-of-state PAC ID# _____ City: TX State: Zip Code: 78130	Amount of contribution (\$) \$125
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 2-16-24	Full name of contributor David A. Huddleston	Contributor address, [REDACTED] New Braunfels	out-of-state PAC ID# _____ City: TX State: Zip Code: 78130	Amount of contribution (\$) \$125
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 2-22-24	Full name of contributor Koleta Keyes Disch	Contributor address, [REDACTED] New Braunfels	out-of-state PAC ID# _____ City: TX State: Zip Code: 78132	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1 <i>18</i>
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer) [REDACTED]
4 Date 25-6-24	5 Full name of contributor Mr. Ronald R. Reaves	6 Contributor address [REDACTED] New Braunfels	7 Amount of contribution (\$) \$50.00	8 Principal occupation / Job title (See Instructions) N/A
9 Employer (See Instructions) N/A	Date Full name of contributor out-of-state PAC ID# Amount of contribution (\$) 2-6-24 Mrs. Ronald R. Reaves Contributor address City State Zip Code [REDACTED] New Braunfels TX 78132 \$50.00			
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A		
10 Date 2-7-24	11 Full name of contributor Arlon N Hermes	12 Contributor address [REDACTED] New Braunfels	13 Amount of contribution (\$) \$50.00	14 Principal occupation / Job title (See Instructions) N/A
15 Date 2-9-24	16 Full name of contributor Tom Cummins	17 Contributor address [REDACTED] New Braunfels	18 Amount of contribution (\$) \$150	19 Principal occupation / Job title (See Instructions) N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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<p>2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign</p>				3 Filer ID (Ethics Commission Filer) [REDACTED]
4 Date 2-6-24	5 Full name of contributor Donna Hanz	6 Contributor address, [REDACTED]	7 out-of-state PAC ID# _____ City: New Braunfels State: TX Zip Code: 78130	8 Amount of contribution (\$) \$50.00
<p>8 Principal occupation / Job title (See Instructions) N/A</p>			<p>9 Employer (See Instructions) N/A</p>	
Date [REDACTED]	Full name of contributor [REDACTED]	Contributor address, [REDACTED]	out-of-state PAC ID# City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	Amount of contribution (\$):
<p>Principal occupation / Job title (See Instructions) N/A</p>			<p>Employer (See Instructions) N/A</p>	
Date [REDACTED]	Full name of contributor [REDACTED]	Contributor address, [REDACTED]	out-of-state PAC ID# City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	Amount of contribution (\$):
<p>Principal occupation / Job title (See Instructions) N/A</p>			<p>Employer (See Instructions) N/A</p>	
Date [REDACTED]	Full name of contributor [REDACTED]	Contributor address, [REDACTED]	out-of-state PAC ID# City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	Amount of contribution (\$):
<p>Principal occupation / Job title (See Instructions) N/A</p>			<p>Employer (See Instructions) N/A</p>	

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 Filer) [REDACTED]
4 Date 2-6-24	5 Full name of contributor Derrell Dudley	out-of-state PAC ID#	7 Amount of contribution (\$) \$250	
	6 Contributor address, [REDACTED]	City: New Braunfels State: TX Zip Code: 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	out-of-state PAC ID# [REDACTED] City: New Braunfels State: TX Zip Code: 78130	Amount of contribution (\$) \$250	
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 2-6-24	Full name of contributor Charles Woods	out-of-state PAC ID# [REDACTED] Contributor address, City: New Braunfels State: TX Zip Code: 78132	Amount of contribution (\$) \$250	
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 2-6-24	Full name of contributor Stephen W. Hanz	out-of-state PAC ID# [REDACTED] Contributor address, City: New Braunfels State: TX Zip Code: 78130	Amount of contribution (\$) \$50	
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 Filer) [REDACTED]
4 Date 1-22-24	5 Full name of contributor Cory Elrod	6 Contributor address, [REDACTED]	7 City: State: Zip Code New Braunfels TX 78130	8 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 [REDACTED]	City State Zip Code 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 [REDACTED]	City State Zip Code 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 [REDACTED]	City State Zip Code New Braunfels TX 78130	Amount of contribution (\$) \$250.00
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 Filer) [REDACTED]
4 Date 1-22-24	5 Full name of contributor D. Lee Edwards	6 Contributor address. 1111 N. Walnut Ave	7 out-of-state PAC ID# _____ City: New Braunfels State: TX Zip Code: 78130	8 Amount of contribution (\$) \$2500
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	Contributor address [REDACTED]	City, State, Zip Code New Braunfels TX 78130	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 1-22-24	Full name of contributor Jerry Sonier	Contributor address. [REDACTED]	City, State, Zip Code New Braunfels TX 78132	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 1-22-24	Full name of contributor Susan Sonier	Contributor address. [REDACTED]	City, State, Zip Code New Braunfels TX 78132	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	

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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 <i>18</i>
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 Michael Meek	6 Contributor address [REDACTED]	7 out-of-state PAC ID# City: New Braunfels State: TX Zip Code: 78132	8 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	Contributor address [REDACTED]	out-of-state PAC ID# City: New Braunfels State: TX Zip Code: 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	Contributor address [REDACTED]	out-of-state PAC ID# City: New Braunfels State: TX Zip Code: 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	Contributor address 1111 N. Walnut Ave	out-of-state PAC ID# City: New Braunfels State: TX Zip Code: 78130	Amount of contribution (\$) \$2500
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	

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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 <i>18</i>
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	6 Contributor address, [REDACTED]	7 out-of-state PAC ID# _____ City: New Braunfels State: TX Zip Code: 78130	8 Amount of contribution (\$) \$133
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	Contributor address, [REDACTED]	out-of-state PAC ID# _____ City: New Braunfels State: TX Zip Code: 78130	Amount of contribution (\$) \$134
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 1-19-24	Full name of contributor Cheryl Casteel	Contributor address, [REDACTED]	out-of-state PAC ID# _____ City: New Braunfels State: TX Zip Code: 78130	Amount of contribution (\$) \$133
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) N/A	
Date 1-19-24	Full name of contributor Mark Hampton	Contributor address, [REDACTED]	out-of-state PAC ID# _____ City: New Braunfels State: TX Zip Code: 78132	Amount of contribution (\$) \$200
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 1-3-24	5 Full name of contributor Bill Biggadike 6 Contributor address, [REDACTED]	out-of-state PAC ID# [REDACTED]	7 Amount of contribution (\$) \$250	City, State, Zip Code 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 Contributor address, [REDACTED]	out-of-state PAC ID# [REDACTED]	Amount of contribution (\$) \$250	City, State, Zip Code 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 Contributor address, [REDACTED]	out-of-state PAC ID# [REDACTED]	Amount of contribution (\$) \$25	City, State, Zip Code 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 Contributor address, [REDACTED]	out-of-state PAC ID# [REDACTED]	Amount of contribution (\$) \$25	City, State, Zip Code 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME		3 Filer ID (Ethics Commission Filers) [REDACTED]
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date	6 Full name of contributor <input type="checkbox"/> 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) N/A		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description
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

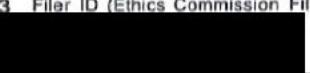
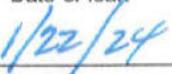
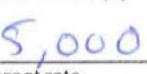
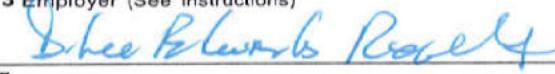
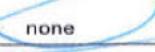
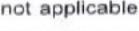
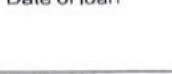
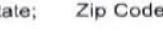
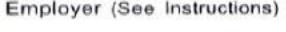
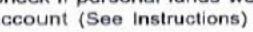
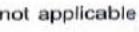
If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:
2 FILER NAME <i>Donald Lee Edwards D.Lee Edwards Campaign</i>		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#: [REDACTED]) 7 Pledgor address; City; State; Zip Code <i>N/A</i>	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#: [REDACTED]) Pledgor address; City; State; Zip Code <i>N/A</i>	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#: [REDACTED]) Pledgor address; City; State; Zip Code <i>N/A</i>	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#: [REDACTED]) Pledgor address; City; State; Zip Code <i>N/A</i>	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 Donald Lee Edwards Campaign			3 Filer ID (Ethics Commission Filers) 
4 TOTAL OF UNITEMIZED LOANS			\$ 5,000
5 Date of loan 	7 Name of lender 	8 Lender address; City: State; Zip Code 	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	9 Loan Amount (\$) 		
10 Interest rate 			11 Maturity date 
12 Principal occupation / Job title (See Instructions) 		13 Employer (See Instructions) 	
14 Description of Collateral 		15  Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION 	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 	Loan Amount (\$) 	
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City: State; Zip Code	Interest rate 	
Principal occupation / Job title (See Instructions) 		Employer (See Instructions) 	
Description of Collateral 		Check if personal funds were deposited into political account (See Instructions) 	
GUARANTOR INFORMATION 	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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	Walgreens	
6 Amount (\$)	7 Payee address:	New Braunfels 11600 S. Business IH 35	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Snacks and Party Supply	Snacks and Party Supply	
	(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
	D.Lee Edwards	City Council	
Date	Payee name		
1-22-24	4Over		
Amount (\$)	Payee address:	City:	State: Zip Code
1879	5900 San Francisco Rd (website)	Glendale	CA 91202
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Supply	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	Office sought	Office held
	D.Lee Edwards	City Council	
Date	Payee name		
1-24-24	N/A		
Amount (\$)	Payee address:	City:	State: Zip Code
3.00	N/A	-	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Website Processing Fee	Website Processing Fee	
	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
	D.Lee Edwards	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	N/A	
6 Amount (\$)	7 Payee address;		City; State; Zip Code
		N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Website Processing Fee	Website Processing Fee	
	(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
	D. Lee Edwards	City Council	
Date	Payee name		
1-24-24	4 over		
Amount (\$)	Payee address;	City;	State; Zip Code
\$60.53	5900 San Fernando Rd	Glendale	CA 91202
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Business cards	Campaign Business Cards	
	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
	D. Lee Edwards	City Council	
Date	Payee name		
1-24-24	4 over		
Amount (\$)	Payee address;	City;	State; Zip Code
\$51.68	5900 San Fernando Rd.	Glendale	CA 91202
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Election Banner	Election Banner	
	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
	D. Lee Edwards	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	D. Lee Edwards Campaign		
4 Date	5 Payee name		
1-25-24	4Over		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$55.02	5900 San Fernando Rd	Glendale CA 91202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Supply	Car Door Magnets	
	(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
	D. Lee Edwards	City Council	
Date	Payee name		
1-26-24	Star Awards		
Amount (\$)	Payee address;	City; State; Zip Code	
\$51,96	1500 Interstate 35 S. Frontage Rd.	New Braunfels TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Supply	Campaign Buttons	
	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
	D. Lee Edwards	City Council	
Date	Payee name		
1-26-24	4Over		
Amount (\$)	Payee address;	City; State; Zip Code	
\$719.87	5900 San Fernando Rd	Glendale CA 91202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Supply	Campaign Signs + States	
	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
	D. Lee Edwards	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	Campaign	
6 Amount (\$)	7 Payee address;	City:	State; Zip Code
	2211 N. 1st St. San Jose, CA	95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Campaign & Funds Service.	Funds Services.	
	(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
	D. Lee Edwards	City Council	
Date	Payee name		
1-30-24	Design Print 4 U		
Amount (\$)	Payee address;	City:	State; Zip Code
\$1,0	990 S. Sequin Ave b.	New Braunfels TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Supply	T-Shirts	
	(c) 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
	D. Lee Edwards	City Council	
Date	Payee name		
2-5-24	Ryan Data + Research		
Amount (\$)	Payee address;	City:	State; Zip Code
\$450	2211 N. 1st St.	San Jose	CA 95131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Expense	VoteC Data	
	(c) 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
	D. Lee Edwards	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		
4 Date	5 Payee name	Voter Direct Texas		
6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Campaign Expense	Voter Data		
	(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	
	D. Lee Edwards	City Council		
Date	Payee name			
2-21-24	H-E-B			
Amount (\$)	Payee address;	City:	State:	Zip Code
\$95.05	6051 S. Walnut	New Braunfels	TX	78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Campaign Party Supply	wine and sodas		
	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	
	D. Lee Edwards	City Council		
Date	Payee name			
2-22-24	Wurstfest Assn.			
Amount (\$)	Payee address;	City:	State:	Zip Code
\$200	PO Box 310309	New	Braunfels	TX 78131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Campaign Party Venue	Campaign Party Venue		
	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	
	D. Lee Edwards	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	3 Filer ID (Ethics Commission Filer)
4 Date	5 Payee name	Amazon	
6 Amount (\$)	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)	(b) Description	
	Campaign Supply	Yard sign stakes	
	(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
	D. Lee Edwards	City Council	
Date	Payee name		
2-26-24	N/A		
Amount (\$)	Payee address;	City:	State: Zip Code
\$32.00	N/A		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Recurring charge	Recurring charge	
	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
	D. Lee Edwards	City Council	
Date	Payee name		
2-28-24	4 over		
Amount (\$)	Payee address;	City:	State: Zip Code
\$576.84	5900 San Francisco Rd.	Glendale CA 91202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Supply	Yard Signs	
	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
	D. Lee Edwards	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	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 Categories listed at the top of this schedule)	(b) Description	
	Campaign Supply	Campaign Ad	
	(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
	D. Lee Edwards	City Council	
Date	Payee name		
3-16-24	Design Print 4U		
Amount (\$)	Payee address:	City:	State: Zip Code
	990 S. Siquin Ave B	New Braunfels TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Supply	Hats + T-Shirts	
	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
	D. Lee Edwards	City Council	
Date	Payee name		
3-14-24	Clear Springs Catering		
Amount (\$)	Payee address:	City:	State: Zip Code
	1437 FM 758	New Braunfels TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Launch Party Supply	Catering/Food	
	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
	D. Lee Edwards	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	3 FILER ID (FILER ID is required for filing)
4 Date	5 Payee name	Walmart	
6 Amount (\$)	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)	(b) Description	
	Campaign Sign Supply	Cable Tie	
	(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
	D. Lee Edwards	City Council	
Date	Payee name		
3-18-24	Office Depot		
Amount (\$)	Payee address:	City:	State: Zip Code
\$37.99	1050 I35 N Frontage Rd	New Braunfels	TX 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Supply	Name Badges	
	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
	D. Lee Edwards	City Council	
Date	Payee name		
3-19-24	Star Awards		
Amount (\$)	Payee address:	City:	State: Zip Code
\$51.50	1500 Interstate 35 South	New Braunfels	TX 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Campaign Supply	Campaign Buttons	
	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
	D. Lee Edwards	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	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 Categories listed at the top of this schedule)	(b) Description	
	Campaign Expense	Voter Data	
	(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	Payee name		
Amount (\$)	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 <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
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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	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)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 3,503.58	
5 Date	6 Payee name		
3-18-24	Clear Springs Catering and Decorating		
7 Amount (\$)	8 Payee address:	City:	State; Zip Code
\$2,067.58	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)	(b) Description	
	Catering	Food Catering	
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
	D. Lee Edwards		City Council
Date	Payee name		
3-18-24	Spass Haus Rental		
Amount (\$)	Payee address:	City:	State; Zip Code
1,436.00	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)	Description	
	Venue Rental	Venue Rental	
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
	D. Lee Edwards		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 <i>Donald Lee Edwards D. Lee Edwards Campaign</i>		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 <i>NA</i>	
	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 (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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	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)

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) [REDACTED]
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	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
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	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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
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	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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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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 <i>Donald Lee Edwards</i>	3 Filer ID (Ethics Commission Filers) <i>Campaign</i>	
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 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date	Payee name	<i>N/A</i>	
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		
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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		
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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</i>	3 Filer ID (Ethics Commission Filers) <i>Campaign</i>	
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	<i>N/A</i>	
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	D.Lee Edwards	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
	N/A		
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
	N/A		
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
	N/A		
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 Campaign		3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	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
Date	Name of person from whom amount is received	Amount (\$)
	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
Date	Name of person from whom amount is received	Amount (\$)
	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
Date	Name of person from whom amount is received	Amount (\$)
	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

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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>		3 Filer ID (Ethics Commission Filers) <i>[REDACTED]</i>
4 Name of Contributor / Corporation or Labor Organization / Pledger / Payee 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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) <i>[N/A]</i>	
	Name of Contributor / Corporation or Labor Organization / Pledger / Payee <i>[N/A]</i>	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	