

## **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 Filters)	2 Total pages filed: <b>14</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Donald</b>	MI <b>Lee</b>	OFFICE USE ONLY		
	NICKNAME <b>D.Lee</b>	LAST <b>Edwards</b>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>[REDACTED]</b>	APT / SUITE #: <b>[REDACTED]</b>	CITY: <b>New Braunfels</b>	STATE: <b>TX</b> ZIP CODE <b>78130</b>	APR 24 '24 PM 4:30	
Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(830)</b>	PHONE NUMBER <b>708-2319</b>	EXTENSION			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Richard</b>	MI <b>Mark</b>	Receipt #		Amount \$
	NICKNAME <b>Hampton</b>	LAST	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <b>1117 N. Walnut Ave Suite A</b>			CITY: <b>New Braunfels</b>	STATE: <b>TX</b>	ZIP CODE <b>78130</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(210)</b>	PHONE NUMBER <b>823-8611</b>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input 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 checked="" 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 <b>4</b>	Day <b>15</b>	Year <b>2024</b>	Month <b>4</b>	Day <b>26</b>	Year <b>2024</b>
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 4 / 24</b>			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) <b>[REDACTED]</b>			13 OFFICE SOUGHT (if known) <b>New Braunfels City Council - District 3</b>		
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

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
D. Lee Edwards	[REDACTED]
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,050
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,895.99
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
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 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)

\$ Ø

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

\$ 5,050

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ Ø

4. TOTAL POLITICAL EXPENDITURES

\$ 7,895.99

CONTRIBUTION  
BALANCE

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

\$ Ø

OUTSTANDING  
LOAN TOTALS

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

\$ Ø

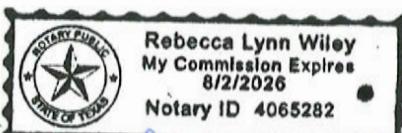
18 SIGNATURE

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 L. Wiley this the 24<sup>th</sup> day of April, 20 24, to certify which, witness my hand and seal of office.

Rebecca L. Wiley Signature of officer administering oath

Rebecca L. Wiley Printed name of officer administering oath

Notary 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 \_\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

# 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" \*\*

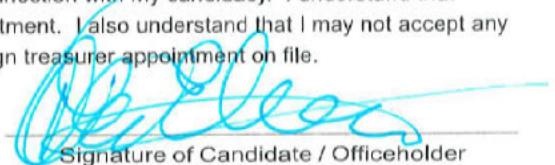
1 C/OH NAME

D. Lee Edwards

2 Filer ID (Ethics Commission Filers)  
[REDACTED]

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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1
<p>2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign</p>				2 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 3-22-2024	5 Full name of contributor Michael Yestrumsky	out-of-state PAC (ID#): _____	7 Amount of contribution (\$) \$50.00	
	6 Contributor address; [REDACTED]	City; State; Zip Code New Braunfels TX 78132		
<p>8 Principal occupation / Job title (See Instructions) N/A</p>			9 Employer (See Instructions) N/A	
Date 3-22-2024	Full name of contributor Carolyn M. Yestrumsky	out-of-state PAC (ID#): _____	Amount of contribution (\$) \$50.00	
	Contributor address, [REDACTED]	City; State; Zip Code New Braunfels TX 78132		
<p>Principal occupation / Job title (See Instructions) N/A</p>			Employer (See Instructions) N/A	
Date 3-25-2024	Full name of contributor Patrick M. Rose	out-of-state PAC (ID#): _____	Amount of contribution (\$) \$125.00	
	Contributor address; [REDACTED]	City; State; Zip Code San Marcos TX 78666		
<p>Principal occupation / Job title (See Instructions) N/A</p>			Employer (See Instructions) N/A	
Date 3-25-2024	Full name of contributor Rose Anna Carvajal	out-of-state PAC (ID#): _____	Amount of contribution (\$) \$125.00	
	Contributor address; [REDACTED]	City; State; Zip Code San Marcos TX 78666		
<p>Principal occupation / Job title (See Instructions) N/A</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.</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
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign			2 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 3-26-2024	5 Full name of contributor Texas Assn. of Realtors, PAC	out-of-state PAC (ID#: [REDACTED]) 6 Contributor address: P.O. Box 2246	7 Amount of contribution (\$) \$500.00 City: Austin State: TX Zip Code: 78768
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A	
Date 4-1-2024	Full name of contributor William T. Lee JR. DDS	out-of-state PAC (ID#: [REDACTED]) Contributor address: [REDACTED] New Braunfels TX 78232	Amount of contribution (\$) \$500.00 City: State: Zip Code
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 4-9-2024	Full name of contributor Raba-Kristner PAC, Inc	out-of-state PAC (ID#: [REDACTED]) Contributor address: P.O Box 690287 San Antonio TX 78269	Amount of contribution (\$) \$300.00 City: State: Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-10-2024	Full name of contributor Judith Kovacs-Long	out-of-state PAC (ID#: [REDACTED]) Contributor address: [REDACTED] New Braunfels TX 78210	Amount of contribution (\$) \$50.00 City: State: Zip Code
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.

**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
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign			3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date 4-11-2024	5 Full name of contributor Seals Family Properties LLC	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address. 392 W. Mill St	City New Braunfels State TX Zip Code 78210	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A	
Date 4-17-2024	Full name of contributor Ernesto Jergins	out-of-state PAC (ID# _____) Contributor address. [REDACTED]	Amount of contribution (\$) \$1,000
		City New Braunfels State TX Zip Code 78130	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 4-18-2024	Full name of contributor Stigall & Associates LLC	out-of-state PAC (ID# _____) Contributor address; 12335 Kingsride #250	Amount of contribution (\$) \$1,000
		City Houston State TX Zip Code 77024	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 4-18-2024	Full name of contributor Nile B. Riedel	out-of-state PAC (ID# _____) Contributor address. [REDACTED]	Amount of contribution (\$) \$250.00
		City New Braunfels State TX Zip Code 78210	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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
2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign				3 Filer ID (Ethics Commission Filer) [REDACTED]
4 Date 3-22-2024	5 Full name of contributor Matt Harrison	out-of-state PAC ID#		7 Amount of contribution (\$) \$50.00
	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 3-22-2024	Full name of contributor Sherry G. Foote Harrison	out-of-state PAC ID#		Amount of contribution (\$) \$50.00
	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 4-17-24	Full name of contributor unknown	out-of-state PAC ID#		Amount of contribution (\$) \$100.00
	Contributor address: unknown	City, State Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor	out-of-state PAC ID#		Amount of contribution (\$)
	Contributor address	City, State Zip Code		
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.				

**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 Donald Lee Edwards D. Lee Edwards Campaign	3 Filer ID (Ethics Commission Filers) [REDACTED]				
4 Date 3-18-24	5 Payee name Wursfest Assn.	6 Amount (\$) \$800.00	7 Payee address; 178 Landa Park Dr.	City: New Braunfels	State: TX	Zip Code 78130
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Launch Party Venue	(b) Description Campaign Launch Party Venue				
	(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 D. Lee Edwards	Office sought City Council	Office held			
Date 3-25-2024	Payee name Campaign Partner	Payee address; Website	City: Still River	State: MA	Zip Code 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Campaign Expense				
	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 Donald Lee Edwards	Office sought City Council	Office held			
Date 4-1-2024	Payee name Voter Data	Payee address; 1260 S. Business IH 35	City: New Braunfels	State: TX	Zip Code 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Campaign Expense				
	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 D. Lee Edwards	Office sought City Council	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 D. Lee Edwards Campaign</b>			3 Filer ID (Ethics Commission Filers) [REDACTED]
4 Date <b>4-11-2024</b>	5 Payee name <b>Clear Springs Catering</b>			
6 Amount (\$) <b>\$1,567.58</b>	7 Payee address. <b>1437 FM 758</b>	City:	State:	Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Campaign Party Food</b>	(b) Description  <b>Campaign Party Food</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 <b>4-17-2024</b>	Payee name <b>Herald Zeitung Newspaper</b>			
Amount (\$) <b>\$2,235.60</b>	Payee address. <b>707 Landa St</b>	City: <b>New Braunfels</b>	State: <b>TX</b>	Zip Code <b>78130</b>
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Campaign Advertising</b>	Description  <b>Campaign Advertising</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 <b>D. Lee Edwards</b>		Office sought <b>City Council</b>	Office held
Date <b>2-1-2014</b>	Payee name <b>Pay Pal</b>			
Amount (\$) <b>.78</b>	Payee address: <b>2211 N. 1st</b>	City: <b>San Jose</b>	State: <b>CA</b>	Zip Code <b>95131</b>
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Pay Pal Fee</b>	Description  <b>Pay Pal Fee</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 <b>D. Lee Edwards</b>		Office sought <b>City Council</b>	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**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 Expenses	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 <b>D. Lee Edwards</b>	3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date <b>2-8-2024</b>	5 Payee name <b>Pay Pal</b>		
6 Amount (\$) <b>\$6.27</b>	7 Payee address: <b>2211 N. 1st</b>	City: <b>San Jose</b>	
		State: <b>CA</b>	
		Zip Code: <b>95131</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Pay Pal Fee</b>	(b) Description  <b>Pay Pal Fee</b>	
	(c) Check if travel outside of Texas. Complete Schedule T  <b>Pay Pal Fee</b>	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 <b>2-14-2024</b>	Payee name <b>Pay Pal</b>		
Amount (\$) <b>.78</b>	Payee address: <b>2211 N. 1st</b>	City: <b>San Jose</b>	State: <b>CA</b>
		Zip Code: <b>95131</b>	
 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Pay Pal Fee</b>	Description  <b>Pay Pal Fee</b>	
	Check if travel outside of Texas. Complete Schedule T  <b>Pay Pal Fee</b>	Check if Austin, TX, officeholder living expense	
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 <b>2-16-24</b>	Payee name <b>Pay Pal</b>		
Amount (\$) <b>\$1.94</b>	Payee address: <b>2211 N. 1st</b>	City: <b>San Jose</b>	State: <b>CA</b>
		Zip Code: <b>95131</b>	
 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Pay Pal Fee</b>	Description  <b>Pay Pal Fee</b>	
	Check if travel outside of Texas. Complete Schedule T  <b>Pay Pal Fee</b>	Check if Austin, TX, officeholder living expense	
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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 Expenses	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fee	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expenses	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)	
4 Date	5 Payee name		
2-16-2024	Pay Pal		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$1.94	2211 N. 1st	San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Pay Pal Fee	Pay Pal Fee	
	(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
	Donald Lee Edwards	City Council	
Date	Payee name		
2-21-2024	Pay Pal		
Amount (\$)	Payee address:	City: State: Zip Code	
\$9.16	2211 N. 1st	San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Pay Pal Fee	Pay Pal Fee	
	(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
	Donald Lee Edwards	City Council	
Date	Payee name		
3-10-2024	Pay Pal		
Amount (\$)	Payee address:	City: State: Zip Code	
\$1.94	2211 N. 1st	San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Pay Pal Fee	Pay Pal Fee	
	(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
	D. Lee Edwards	City Council	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Expenses	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 Donald Lee Edwards	3 Filer ID (Ethics Commission Filers) [REDACTED]				
4 Date 3-11-2024	5 Payee name Pay Pal	6 Amount (\$) \$3.38	7 Payee address: 2211 N. 1st	City: San Jose	State: CA	Zip Code: 95131
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Pay Pal Fee	(b) Description  Pay Pal Fee				
	(c) Check if travel outside of Texas. Complete Schedule T  Candidate / Officeholder name D. Lee Edwards	Check if Austin, TX, officeholder living expense  Office sought City Council				
Date 3-16-2024	Payee name Pay Pal	Payee address: 2211 N. 1st	City: San Jose	State: CA	Zip Code: 95131	
Amount (\$) \$3.38	Category (See Categories listed at the top of this schedule)  Pay Pal Fee	Description  Pay Pal Fee				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Check if travel outside of Texas. Complete Schedule T  Office sought City Council	Check if Austin, TX, officeholder living expense  Office held			
Date 3-18-2024	Payee name Pay Pal	Payee address: 2211 N. 1st	City: San Jose	State: CA	Zip Code: 95131	
Amount (\$) \$1.94	Category (See Categories listed at the top of this schedule)  Pay Pal Fee	Description  Pay Pal Fee				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards	Check if travel outside of Texas. Complete Schedule T  Office sought City Council	Check if Austin, TX, officeholder living expense  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	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 Donald Lee Edwards	D. Lee Edwards Campaign	3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 3-19-2024	5 Payee name Pay Pal			
6 Amount (\$) \$14.94	7 Payee address: 2211 N. 1st	City: San Jose	State: CA	Zip Code: 95131
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Pay Pal Fee	(b) Description  Pay Pal 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 D. Lee Edwards	Office sought City Council	Office held	
Date 3-23-2024	Payee name Pay Pal			
Amount (\$) \$4.54	Payee address: 2211 N. 1st	City: San Jose	State: CA	Zip Code: 95131
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Pay Pal Fee	Description  Pay Pal Fee		
	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 D. Lee Edwards	Office sought City Council	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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