

# 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)	2 Total pages filed: <span style="font-size: 1.5em; color: blue;">14</span>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mr.</b></div> <div>FIRST <b>Donald</b></div> <div>MI <b>Lee</b></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b>D.Lee</b></div> <div>LAST <b>Edwards</b></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; text-align: center; color: blue; font-weight: bold;">APR 24 '24 PM 4:36</div> <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS (NO BOX)</div> <div>APT / SUITE #</div> <div>CITY</div> <div>STATE</div> <div>ZIP CODE</div> </div> <div style="background-color: black; width: 150px; height: 30px; margin: 5px;"></div> <div style="margin-left: 100px;"><b>New Braunfels TX 78130</b></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-left: 20px;"><b>(830) 708-2319</b></div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mr.</b></div> <div>FIRST <b>Richard</b></div> <div>MI <b>Mark</b></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Hampton</b></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #</div> <div>CITY</div> <div>STATE</div> <div>ZIP CODE</div> </div> <div style="margin-left: 20px;"><b>1117 N. Walnut Ave Suite A New Braunfels TX 78130</b></div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-left: 20px;"><b>(210) 823-8611</b></div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  <span style="font-size: 1.5em; color: blue;">4 / 5 / 2024</span> </div> <div>THROUGH</div> <div> Month    Day    Year  <span style="font-size: 1.5em; color: blue;">4 / 26 / 2024</span> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  <span style="font-size: 1.5em; color: blue;">5 / 4 / 24</span> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)</div> </div> <div style="margin-left: 20px;"><b>New Braunfels City Council - District 3</b></div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	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

D. Lee Edwards

20 Filer ID (Ethics Commission Filers)



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 <u>D. Lee Edwards</u>		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)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,050</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,895.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

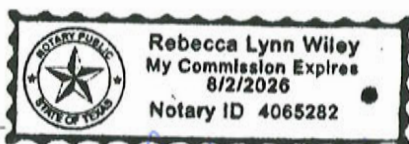
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rebecca L. Wiley this the 24<sup>th</sup> 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)



# 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)



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
2 FILER NAME <b>Donald Lee Edwards      D. Lee Edwards Campaign</b>		3 Filer ID# (Ethics Commission Filers) <div style="background-color: black; width: 100px; height: 1.2em;"></div>
4 Date <b>3-22-2024</b>	5 Full name of contributor <b>Michael Yestrumsky</b> <small>out-of-state PAC (ID#): _____</small> 6 Contributor address;      City;      State;      Zip Code <div style="background-color: black; width: 150px; height: 1.2em;"></div> <b>New Braunfels      TX      78132</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>3-22-2024</b>	Full name of contributor <b>Carolyn M. Yestrumsky</b> <small>out-of-state PAC (ID#): _____</small> Contributor address;      City;      State;      Zip Code <div style="background-color: black; width: 150px; height: 1.2em;"></div> <b>New Braunfels      TX      78132</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>3-25-2024</b>	Full name of contributor <b>Patrick M. Rose</b> <small>out-of-state PAC (ID#): _____</small> Contributor address;      City;      State;      Zip Code <div style="background-color: black; width: 150px; height: 1.2em;"></div> <b>San Marcos      TX      78666</b>	Amount of contribution (\$) <b>\$125.00</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>3-25-2024</b>	Full name of contributor <b>Rose Anna Carvajal</b> <small>out-of-state PAC (ID#): _____</small> Contributor address;      City;      State;      Zip Code <div style="background-color: black; width: 150px; height: 1.2em;"></div> <b>San Marcos      TX      78666</b>	Amount of contribution (\$) <b>\$125.00</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
<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.		

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

6 Contributor address;	City;	State;	Zip Code
P.O. Box 2246	Austin	TX	78768

N/A

Contributor address, City, State, Zip Code  
New Braunfels TX 78232

N/A

Contributor address;	City;	State;	Zip Code
O Box 690287	San Antonio	TX	78269

Employer (See Instructions)

Contributor address, City; State; Zip Code  
New Braunfels TX 78210

Employer (See Instructions)

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 4-11-2024	5 Full name of contributor out-of-state PAC (ID# _____) Seals Family Properties LLC 6 Contributor address, City State Zip Code 392 W. Mill St New Braunfels TX 78210	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4-17-2024	Full name of contributor out-of-state PAC (ID# _____) Ernesto Jergins Contributor address, City State Zip Code [REDACTED] New Braunfels TX 78130	Amount of contribution (\$) \$1,000
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4-18-2024	Full name of contributor out-of-state PAC (ID# _____) Stigall & Associates LLC Contributor address, City State Zip Code 12335 Kingsride #250 Houston TX 77024	Amount of contribution (\$) \$1,000
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4-18-2024	Full name of contributor out-of-state PAC (ID# _____) Nile B. Riedel Contributor address, City State Zip Code [REDACTED] New Braunfels TX 78210	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
2 FILER NAME <b>Donald Lee Edwards      D. Lee Edwards Campaign</b>		3 Filer ID (Ethics Commission Filer) [REDACTED]
4 Date <b>3-22-2024</b>	5 Full name of contributor <b>Matt Harrison</b> out-of-state PAC ID# 6 Contributor address: [REDACTED]      City:      State      Zip Code <b>New Braunfels TX 78132</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>3-22-2024</b>	Full name of contributor <b>Sherry G. Foote Harrison</b> out-of-state PAC ID# Contributor address: [REDACTED]      City:      State      Zip Code <b>New Braunfels TX 78132</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>4-17-24</b>	Full name of contributor <b>unknown</b> out-of-state PAC ID# Contributor address: <b>unknown</b> City:      State      Zip Code	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC ID# Contributor address: City:      State      Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date 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			
Amount (\$) \$32.00		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			
Amount (\$) \$3,208.62		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 Donald Lee Edwards D. Lee Edwards Campaign 3 Filer ID (Ethics Commission Filers)

4 Date 4-11-2024 5 Payee name Clear Springs Catering

6 Amount (\$) \$1,567.58 7 Payee address, City, State, Zip Code 1437 FM 758

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Campaign Party Food (b) Description Campaign Party Food (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name D. Lee Edwards Office sought City Council Office held

Date 4-17-2024 Payee name Herald Zeitung Newspaper Amount (\$) \$2,235.60 Payee address, City, State, Zip Code 707 Landa St New Braunfels TX 78130

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Campaign Advertising Description Campaign Advertising Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name D. Lee Edwards Office sought City Council Office held

Date 2-1-2014 Payee name Pay Pal Amount (\$) .78 Payee address, City, State, Zip Code 2211 N. 1st San Jose CA 95131

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>D. Lee Edwards</b>		3 Filer ID (Ethics Commission Filers) <div style="background-color: black; width: 100px; height: 15px;"></div>	
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; Zip Code <b>CA 95131</b>
8  PURPOSE OF EXPENDITURE	(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		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; Zip Code <b>CA 95131</b>
PURPOSE OF EXPENDITURE	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
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; Zip Code <b>CA 95131</b>
PURPOSE OF EXPENDITURE	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(s)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Donald Lee Edwards</b> <b>D. Lee Edwards Campaign</b>		3 Filer ID (Ethics Commission Filers) <b>[REDACTED]</b>	
4 Date <b>2-16-2024</b>	5 Payee name <b>Pay Pal</b>			
6 Amount (\$) <b>\$1.94</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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name      Office sought      Office held				
<b>Donald Lee Edwards</b> <b>City Council</b>				
Date <b>2-21-2024</b>	Payee name <b>Pay Pal</b>			
Amount (\$) <b>\$9.16</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>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name      Office sought      Office held				
<b>Donald Lee Edwards</b> <b>City Council</b>				
Date <b>3-10-2024</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>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name      Office sought      Office held				
<b>D. Lee Edwards</b> <b>City Council</b>				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign 3 Filer ID (Ethics Commission Filers)

4 Date 3-11-2024 5 Payee name Pay Pal  
6 Amount (\$) \$3.38 7 Payee address: City: State: Zip Code  
2211 N. 1st San Jose CA 95131

8 PURPOSE OF EXPENDITURE (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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name D. Lee Edwards Office sought City Council Office held

Date 3-16-2024 Payee name Pay Pal  
Amount (\$) \$3.38 Payee address: City: State: Zip Code  
2211 N. 1st San Jose CA 95131

PURPOSE OF EXPENDITURE 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name D. Lee Edwards Office sought City Council Office held

Date 3-18-2024 Payee name Pay Pal  
Amount (\$) \$1.94 Payee address: City: State: Zip Code  
2211 N. 1st San Jose CA 95131

PURPOSE OF EXPENDITURE 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name D. Lee Edwards Office sought City Council Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Donald Lee Edwards D. Lee Edwards Campaign		3 Filer ID (Ethics Commission Filers)	
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  PURPOSE OF EXPENDITURE	(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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards		Office sought City Council	Office held
Date 3-23-2024	Payee name Pay Pal			
Amount (\$) \$4.54	Payee address: 2211 N. 1st	City: San Jose	State: CA	Zip Code 95131
PURPOSE OF EXPENDITURE	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name D. Lee Edwards		Office sought City Council	Office held
Date	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held

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