

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

2 Total pages filed:

45 ylw.

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Donald MI Lee NICKNAME (D Lee) LAST Edwards SUFFIX	OFFICE USE ONLY Date Received 12-15-2025 ylw. 1-13-2025 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	CITY; ZIP CODE Braunfels TX 78132	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (830) PHONE NUMBER 708-2319 EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST MARK MI R NICKNAME Hampton LAST SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1117 N Walnut Ave Suite A New Braunfels TX 78130	
8 CAMPAIGN TREASURER PHONE	AREA CODE (210) PHONE NUMBER 832-8611 EXTENSION	
9 REPORT TYPE	<input checked="" 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 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 Day Year 7 / 15 / 2024 THROUGH 12 / 16 / 2025	
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2024 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) New Braunfels City Council OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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	

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Donald Lee Edwards

17 CONTRIBUTION
TOTALS

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

\$

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

\$ 3000.00

OUTSTANDING
LOAN TOTALS

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

\$ 3,248.80

18 SIGNATURE

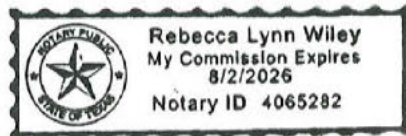
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by D Lee Edwards this the 13 day of Jan,
20 25, to certify which, witness my hand and seal of office.

[Signature] Rebecca Wiley

Signature of officer administering oath

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____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

LOANS**SCHEDULE E**

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E:	
2 FILER NAME <i>Donald Lee Edwards</i>					
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan <i>4/30/24</i>		7 Name of lender <i>D. Lee + Caryne Edwards</i> <small><input type="checkbox"/> out-of-state PAC (ID#: _____)</small>		9 Loan Amount (\$) <i>3000.00</i>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N		8 Lender address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"><div><i>[Redacted]</i></div><div><i>New Braunfels</i></div><div><i>TX</i></div><div><i>78130</i></div></div>		10 Interest rate	
				11 Maturity date	
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)		
14 Description of Collateral <input type="checkbox"/> none			15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan		Name of lender <small><input type="checkbox"/> out-of-state PAC (ID#: _____)</small>		Loan Amount (\$)	
Is lender a financial institution? Y N		Lender address; City; State; Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none			<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
Principal Occupation (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Donald Lee Edwards

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 3,000.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



P.O. Box 1600 San Antonio, Texas 78296 Member FDIC

830-643-3456 OR 1-800-513-7678

STATEMENT ISSUED

12-16-2024

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D LEE EDWARDS
CAMPAIGN ACCOUNT
FOR CITY COUNCIL
1117 N WALNUT AVE SUITE A
NEW BRAUNFELS TX 78130

0

Looking for a gift that's easy to buy, wrap and mail? A Frost Gift Card is the perfect choice for you this holiday season. Stop by a Frost location to purchase one today.

FROST PERSONAL ACCOUNT : ACCOUNT NO. [REDACTED]

BALANCE LAST STATEMENT		DEPOSITS		WITHDRAWALS		BALANCE THIS STATEMENT
	NO.	AMOUNT	NO.	AMOUNT		
3,280.80	0	.00	1	32.00		3,248.80

OTHER WITHDRAWALS/DEBITS			
DATE	AMOUNT	TRANSACTION	DESCRIPTION
11-25	32.00	DEBIT CARD RECURRING	CAMPAIGN PARTNER [REDACTED] CARD: [REDACTED]

DAILY BALANCE			
DATE	BALANCE	DATE	BALANCE
11-18	3,280.80	11-25	3,248.80