

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 yw.

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST Donald	MI Lee	OFFICE USE ONLY		
		NICKNAME (Lee)	LAST Edwards	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		STATE; ZIP CODE Braunfels TX 78132			12/15/2025 yw. 1-13-2025		
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 #		
		NICKNAME	LAST Hampton	SUFFIX	Amount \$		
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 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 7/15/2024	Day	Year	Month 12/15/2025	Day	Year
		THROUGH					
11 ELECTION		ELECTION DATE 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			13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)		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

\$ *3,248.90*

18 SIGNATURE

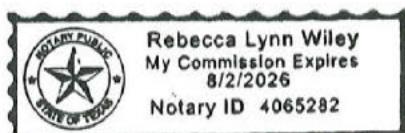
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

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

Notary

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)

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>	8 Lender address; City; State; Zip Code <i>New Braunfels TX 78130</i>		9 Loan Amount (\$) <i>3000.00</i>
6 Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			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 <input type="checkbox"/> out-of-state PAC (ID#:		Loan Amount (\$)	
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code		Interest rate	
				Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Description of Collateral <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)		

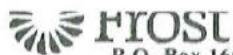
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

000000701 TDFRST02003900017211 01 100000 000701 001

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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	
DATE	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	DATE	AMOUNT
	3,280.80	0	.00	1	32.00		3,248.80

OTHER WITHDRAWALS/DEBITS

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

DAILY BALANCE

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