1		FICEHOLDER ICE REPORT			FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	MIstee	MI D	OFFICE	EUSE ONLY
	NłCKNAME	Splawn	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Bo		CITY; STATE; ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(830)	PHONE NUMBER 683 7791	EXTENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	Mi	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFiX	Date Processed	
<u> </u>				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU edar Rocksprin		STATE;	ZIP CODE
(Residence or Business)			<u></u>		
8 CAMPAIGN TREASURER PHONE	(830)	683 7791	EXTENSION		
9 REPORTTYPE	January 15	30th day before ele	Runoff	15th day afti treasurer ap (Officeholder	
40.000	July 15	8th day before elect	Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month 11	Day Year / 21 / 23	Month 1	Day Year / 15 / 24	
# ELECTION	ELECTION D	<u></u>	THROUGH /	10 / 24	
	Month Day	Year Primary	ELECTION TYPE Runoff Other		
	3 / 5	General	Description Special	**	
2 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known) Edwards Co. T	ax Collec	tor
4 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE CANDIDATE / OFFICE CONSENT. CANDIDATE:	CE OF POLITICAL CONTRIBUTIONS ACCEPHOLDER. THESE EXPENDITURES ME AND OFFICEHOLDERS ARE REQUIRE	CEPTED OR POLITICAL EXPENDITURES MAD LAY HAVE BEEN MADE WITHOUT THE CANDED O TO REPORT THIS INFORMATION ONLY IF THE	E BY POLITICAL COMM ATE'S OR OFFICEHOLD	ATTEES TO SUPPORT ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		THE OF TH	SOCH EAFERDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME		
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		
		GO TO PA	AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Mistee D. Splawn		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 750.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 750.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	F THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is to quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	1100	111
	Muslu h	U splans
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEAL	-	
Sworn to and subscribed	before me by this the	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering cath
	OR	
(2) Unsworn Declaration	on	
My name is Mistee	D. Splawn	Dec. 08 1964
My address is P.O. E	Box 433 Rocksprings T	x 78880 USA
Executed in Edward	(street) Sounty, State of Texas, on the 15 day of Jan (month)	state) (zip code) (country) 20 24 (year) date/Officenolder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Mistee D. Splawn 20 Filer ID (Ethics Con				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	. SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS \$			
6.	SCHEDULE F2; UNPAID INCURRED OBLIGATIONS	s 750.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS \$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

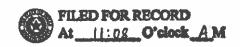
EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Cradit Card Payment	Candidate/Omcenoider/Political Committee 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 G:	Mistee D. Splawn							
⁴ Date 11/20/2023	5 Payee name Edwards County Republican Party							
6 Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1072 Rocksprings Texas 7880							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fee	(b) Description Check						
9 Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held					
Date	Payee name							
Amount (\$) Reimbursement from political contributions	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 ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
Reimbursement from political contributions intended	FILED FOR RECORD							
PURPOSE OF EXPENDITURE	Category (See Megorie 1330 137 top of this schedul A	Description						
	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					

ATTACH ADDITIONAL GÖPLES OF THIS SCHEDULE AS NEEDED								



JAN 1 6 2024

OF COUNTY CLERK
EDWARDS COUNTY, TEXAS

By:

Deputy

I .		ICEHOLDER CE REPORT			ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed: 5
3 CANDIDATE/ OFFICEHOLDER NAME				OFFICE	USEONLY
IAVIAE	NICKNAME	Splawn	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box		ings Tx 78880		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(830)	PHONE NUMBER 683 7791	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Mistee	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	D. SUFFIX	Date Processed	
		Splawn		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	I	(NO PO BOX PLEASE); APT / SU edar Rocksprir	ngs, Texas 78880	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(830)	PHONE NUMBER 683 7791	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before elec	J	15th day after treasurer app (Officeholder	pointment
10 PERIOD COVERED	Month	Day Year	Reporting Limit Month	Day Year	(**************************************
COVERED	1 .	/ 1 / 24	THROUGH 1	31 / 24	
11 ELECTION	Month Day	Year Primary 24 General	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known) Edwards Co. 7	ax Ass/C	ollector
4 NOTICE FROM POLITICAL	I THE CARDIDATE / OFFR	-ENGLISER. IMESE EXPENDITIONS O	CCEPTED OR POLITICAL EXPENDITURES MAI MAY HAVE BEEN MADE WITHOUT THE CANDEL TO TO REPORT THIS INFORMATION ONLY IF THI	DE BY POLITICAL COMM	ITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME , *		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
		GO TO P	AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Mistee D. Splawn		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 782.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
req	guired to be reported by me under Title 15, Election Code.	
	Mulee N	Salar
	Signature of Cal	ndidate or Officeholder
	Please complete either option below	
(1) Affidavit		
NOTARY STAMP/SEAL		
Swom to and subscribed to	before me by this the _	day of,
20, to certify w	which, witness my hand and seal of office.	
Signature of officer administeri	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	n A	
My name is Mistee	D. Splawn , and my date of birth is	12/08/1964
My address is PO. Bo	ox 433 Rocksprings To	x 78880 USA
Edward	(street) Toyas 05 (city) (st	ate) (zip code) (country)
2.5	S, County, State of Texas, on the 05 day of Feb.	20 44 (year)
St. Vill (5.2)	Signature of Candida	Splane (Deciment)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

ľ	9 FILER NAME Mistee D. Splawn 20 Filer ID (Ethics Co			on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	· · · · · · · · · · · · · · · · · · ·
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	782.33	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	\$		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

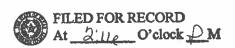
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Offic Food/Beverage Expense Poli By Gift/Awards/Memorials Expense Prin Ical Committee Legal Services Sale	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					
1 Total pages Schedule G:	² FILER NAME Mistee D. Splawn		3 Filer ID (Ethics Commission Filers)				
⁴ Date 01/16/2024	5 Payee name Hill Country Screening						
6 Amount (\$) 555.81 Reimbursement from political contributions intended	7 Payee address; 108 Marsh St. Uvalde Te	exas 78801	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Printing Expense	(b) Description Signs					
	(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 Mistee D. Splawn	Office sought Ed.Co Tax As	Office held				
01/06/2024	Payee name Vista Print						
Amount (\$) 36.10 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door Hange	ers				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Mistee D. Splawn	Office sought Ed.Co. Tax As	Office held				
Date 01/16/2024	Payee name Vista Print	*					
Amount (\$) 58.19 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Cards					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mistee D. Splawn	Office sought Ed. Co Tax As	Office held				
The second second second	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	Đ				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITU	IRE CATE	30RJES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consutting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expens Git/Awards/Memorials Legal Services		Office Ov Polling E Printing E		\$e T	Solicitation/Fundra Fransportation Equ Fravel In District Fravel Out Of Distr Other (enter a cate	ulpment rict	t & Related Expense
We have account to a sufficiency	The Instruction Guide explains how to complete this form.					1.			
1 Total pages Schedule G:	Mistee D. Splawn					3	Filer ID (Ethi	cs Cor	mmission Filers)
4 Date	5 Payee nan								
01/29/2024		oadcaster							
6 Amount (\$) 132.23	7 Payee add				City;	-	State;	;	Zip Code
Reimbursement from political contributions intended		O. Box 2	_			Barl	ksdale 1	ſχ	78828
8 PURPOSE		(See Categories listed at the	he top of this sch	redule)	(b) Description				
OF EXPENDITURE	Advert	ising			Ad in Pa	per			
		heck if travel outside of Texas		idule T.	Check if A	Austin, TX,	officeholder living	expens	S 0
9 Complete ONLY if direct		ate / Officeholder na			Office sought			Offi	ce held
expenditure to benefit C/OH	Mistee	D. Splaw	'n	E	d.Co Tax	Ass			
Date	Payee nam	e							
Amount (\$)	Payee addi	ress;			City;		State;		Zip Code
Reimbursement from political contributions intended									
PURPOSE OF EXPENDITURE	Category ((See Categories listed at th	ie top of this sche	edule)	Description				
	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin,			ustin, TX,	officeholder living	expens	:0		
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder na	me		Office sought				ce held
Date	Payee name	>							
Amount (\$)	Payee addr	ess;		-	City;		State;	Zij	p Code
Reimbursement from		(4)							
political contributions intended		_#							
PURPOSE	Category (S	See Categories listed at the	a top of this sche	idule)	Description				
OF EXPENDITURE									
	Chr	eck if travel outside of Texas.	. Complete Schedi	iule T.	Check if Au	ustin, TX, c	officeholder living e	expense	•
Complete ONLY if direct xpenditure to benefit C/OH	Candidat	e / Officeholder nar	me	(Office sought			Offic	e held
SV: PASSACIA AND AND AND AND AND AND AND AND AND AN									
V man - 15 4 to the con-	ATTAC	HADDITIONAL CO	OPIES OF T	THIS SC	HEDULE AS NEI	EDED			



FEB 6 2024

OLGA LYDIA REYES
DISTRICT CLERK
EDWARDS COUNTY, TEXAS
By: A War No. County
Deputy