### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

|          | `                                     | ics Commission Filers)                                   | 2 Total pages filed:                |   |  | OFFIC  | CE USE ONLY   |
|----------|---------------------------------------|--|-------------------------------------|---|--|--|---|
|          | 00085798                              |  | 69                                  |   |  | Date Received  |   |
|          | CANDIDATE /                           | MS / MRS / MR  | FIRST                               |   | MI   | ELECTRO  | NICALLY FILED   |
|          | OFFICEHOLDER<br>NAME                  | The Honorable  | Kevin D                             |   |  | 04/15/2025   | ;   |
|          |                                       | NICKNAME   | LAST                                |   | SUFFIX   | ··]  |   |
|          |                                       |  | Sparks                              |   |  | Date Hand-delive   | ered or Date Postmarked   |
|          | ORIGINAL                              | X January 15   | Runoff                              | Other (s  | specify)   | Bate Hand delive   | cred of Bate 1 ostillarica  |
|          | REPORT TYPE                           | July 15  | Exceeded modified                   | d reporting limit   |  | Receipt #  | Amount  |
|          |                                       | 30th day before election                                 | 15th day after cam                  |   |  |  |   |
|          |                                       | 8th day before election                                  | appointment (office                 | • •   |  | Date Processed   |   |
|          | ORIGINAL PERIOD                       |  | <u> </u>                            |   | Year   | _  |   |
|          | COVERED                               | Month Day Yea<br>07/01/2024                              | THROUGH                             | Month Day<br>12/31/2024   | real   | Date Imaged  |   |
| <u> </u> | EXPLANATION OF C                      |  |                                     | 12/31/2024  |  |  |   |
|          |                                       | the total amount of contrib                              | utions and expenditur               | es as "unitemized" as   | well as itemize  | d So the total a   | mount for both  |
|          |                                       | enditures were double wha<br>quate adjustment to all num |                                     |   |  | un manu.   |   |
|          |                                       |  |                                     |   |  |  |   |
|          |                                       |  |                                     |   |  |  |   |
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|          |                                       |  |                                     |   |  |  |   |
|          | NEEIDAN/IT                            |  |                                     |   |  |  |   |
|          | AFFIDAVIT                             |  | l sw                                | vear, or affirm, under p  | enalty of periur   | y, that this core  | ected report is true  |
|          | AFFIDAVIT                             |  |                                     | vear, or affirm, under p  | enalty of perjur   | y, that this corre   | ected report is true  |
|          | AFFIDAVIT                             |  | and                                 | correct.  |  |  | ·   |
| •        | AFFIDAVIT                             |  | and                                 |   |  |  | ·   |
|          | AFFIDAVIT                             |  | and<br>Che                          | correct.  | $\prime$ and all applica   | able statements  | ·<br>::   |
|          | AFFIDAVIT                             |  | and                                 | correct.  | and all applicas:  | able statements  | :<br>original report  |
|          | AFFIDAVIT                             |  | and<br>Che                          | correct.  eck the box next to any  Semiannual report  | and all applicas:  I swear, oaith and withou   | able statements<br>r affirm that the<br>t an intent to mi  | original report<br>islead or to   |
| •        | AFFIDAVIT                             |  | and<br>Che                          | correct.  cck the box next to any  Semiannual report was made in good for misrepresent the inf  | and all applica s: I swear, or aith and withour ormation conta   | able statements<br>r affirm that the<br>t an intent to mi<br>ined in the repo  | original report<br>islead or to<br>ort.   |
| •        | AFFIDAVIT                             |  | and<br>Che                          | Semiannual report was made in good for misrepresent the inf  Other reports:   | v and all applica s: I swear, or aith and withour ormation conta swear, or affirm  | able statements<br>r affirm that the<br>t an intent to mi<br>ined in the repo<br>ı, that I am filing   | original report islead or to ort.   |
|          | AFFIDAVIT                             |  | and<br>Che                          | Semiannual report was made in good fa misrepresent the inf  Other reports: Is report not later than   | v and all applica<br>s: I swear, o<br>aith and withou<br>ormation conta<br>swear, or affirm<br>the 14th busing   | able statements<br>r affirm that the<br>t an intent to mi<br>ined in the repo<br>n, that I am filing<br>ess day after the  | original report islead or to ort.  g this corrected e date I learned  |
|          | AFFIDAVIT                             |  | and<br>Che                          | Semiannual report was made in good fa misrepresent the inf  Other reports: Is report not later than that the report as or   | v and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busing  | able statements r affirm that the t an intent to mi ined in the repo r, that I am filing ess day after the naccurate or inc  | original report islead or to ort.  g this corrected e date I learned complete. I                                      |
|          | AFFIDAVIT                             |  | and<br>Che                          | Semiannual report was made in good fa misrepresent the inf  Other reports: Is report not later than   | v and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busing ginally filed is i t any error or o  | able statements r affirm that the t an intent to mi ined in the repo r, that I am filing ess day after the naccurate or inc  | original report islead or to ort.  g this corrected e date I learned complete. I                                      |
|          | AFFIDAVIT                             |  | and<br>Che                          | Semiannual report was made in good fr misrepresent the inf  Other reports: Is report not later than that the report as or swear, or affirm, tha   | v and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busing ginally filed is i t any error or o  | able statements r affirm that the t an intent to mi ined in the repo r, that I am filing ess day after the naccurate or inc  | original report islead or to ort.  g this corrected e date I learned complete. I                                      |
|          | AFFIDAVIT                             |  | and<br>Che                          | Semiannual report was made in good famisrepresent the inf  Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good                 | v and all applica<br>s: I swear, or<br>aith and withour<br>ormation conta<br>swear, or affirm<br>the 14th busine<br>iginally filed is it<br>any error or or<br>ood faith.                  | able statements r affirm that the t an intent to mi ined in the repo n, that I am filing ess day after th naccurate or inc mission in the re                                     | original report islead or to ort.  g this corrected e date I learned complete. I eport as originally                  |
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|          |                                       | AMD (053) 405: -   | and<br>Che                          | Semiannual report was made in good famisrepresent the inf  Other reports: Is report not later than that the report as or swear, or affirm, that filed was made in go                      | v and all applica s: I swear, o aith and withou ormation contai swear, or affirm the 14th busine iginally filed is i t any error or o ood faith.  Honorable Ke                             | able statements r affirm that the t an intent to mi ined in the repo n, that I am filing ess day after th naccurate or inc mission in the re                                     | original report<br>islead or to<br>ort.<br>g this corrected<br>e date I learned<br>complete. I<br>eport as originally |
|          |                                       | AMP / SEAL ABOVE   | and<br>Che                          | Semiannual report was made in good famisrepresent the inf  Other reports: Is report not later than that the report as or swear, or affirm, that filed was made in go                      | v and all applica s: I swear, o aith and withou ormation contai swear, or affirm the 14th busine iginally filed is i t any error or o ood faith.  Honorable Ke                             | able statements r affirm that the t an intent to mi ined in the repo n, that I am filing ess day after the naccurate or inc mission in the re                                    | original report<br>islead or to<br>ort.<br>g this corrected<br>e date I learned<br>complete. I<br>eport as originally |
|          | AFFIX NOTARY ST                       |  | and Che                             | Semiannual report was made in good fa misrepresent the inf  Other reports: I see report not later than that the report as or swear, or affirm, that filled was made in good  The  Signatu | v and all applica<br>s: I swear, or<br>aith and withour<br>ormation conta<br>swear, or affirm<br>the 14th busine<br>iginally filed is it<br>any error or or<br>ood faith.                  | able statements r affirm that the t an intent to mi ined in the repo n, that I am filing ess day after the naccurate or inc mission in the re evin D Sparks e or Officeholde     | original report islead or to ort.  g this corrected e date I learned complete. I eport as originally                  |
| •        | AFFIX NOTARY ST<br>Sworn to and subsc | ribed before me, by the sai                              | and Che                             | Semiannual report was made in good famisrepresent the inf  Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good  The  Signatu   | v and all applica s: I swear, or aith and withour ormation conta swear, or affirm the 14th busine iginally filed is it any error or or ood faith.  Honorable Ke ure of Candidate _, this   | able statements r affirm that the t an intent to mi ined in the repo n, that I am filing ess day after the naccurate or inc mission in the re evin D Sparks e or Officeholde     | original report islead or to ort.  g this corrected e date I learned complete. I eport as originally                  |
| •        | AFFIX NOTARY ST<br>Sworn to and subsc |  | and Che                             | Semiannual report was made in good famisrepresent the inf  Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good  The  Signatu   | v and all applica s: I swear, or aith and withour ormation conta swear, or affirm the 14th busine iginally filed is it any error or or ood faith.  Honorable Ke ure of Candidate _, this   | able statements r affirm that the t an intent to mi ined in the repo n, that I am filing ess day after the naccurate or inc mission in the re evin D Sparks e or Officeholde     | original report islead or to ort.  g this corrected e date I learned complete. I eport as originally                  |
|          | AFFIX NOTARY ST<br>Sworn to and subsc | ribed before me, by the sai                              | and Che                             | Semiannual report was made in good famisrepresent the inf  Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good  The  Signatu   | v and all applica s: I swear, or aith and withour ormation conta swear, or affirm the 14th busine iginally filed is it any error or or ood faith.  Honorable Ke ure of Candidate _, this   | able statements r affirm that the t an intent to mi ined in the repo n, that I am filing ess day after the naccurate or inc mission in the re evin D Sparks e or Officeholde     | original report islead or to ort.  g this corrected e date I learned complete. I eport as originally                  |
|          | AFFIX NOTARY ST Sworn to and subsc of | ribed before me, by the sai                              | and Che X  d tify which, witness my | Semiannual report was made in good famisrepresent the inf  Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good  The  Signatu   | y and all applica s: I swear, or aith and withour ormation conta swear, or affirm the 14th busine iginally filed is i t any error or or ood faith.  Honorable Ke ure of Candidate, this e. | able statements r affirm that the t an intent to mi ined in the repo n, that I am filing ess day after the naccurate or inc mission in the re evin D Sparks e or Officeholde the | original report islead or to ort.  g this corrected e date I learned complete. I eport as originally                  |

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (             | Guide explains how to comple | ete this form.     | 1 Filer ID<br>(Ethics Commis<br>00085798 | sion Filers)      | 2 Total pages fil                      | led:<br>69        |
|------------------------------------|------------------------------|--------------------|--|-------------------|--|-------------------|
| 3 CANDIDATE /                      | MS / MRS / MR                | FIRST              |  | MI                | OFFICE I                               | JSE ONLY          |
| OFFICEHOLDER<br>NAME               | The Honorable                | Kevin D            |  |                   | Date Received  ELECTRONICA             |                   |
|                                    | NICKNAME                     | LAST               |  | SUFFIX            | 04/15/2025                             |                   |
|                                    |                              | Sparks             |  | 301117            |  |                   |
| 4 CANDIDATE /                      | ADDRESS / PO BOX; APT        | / SUITE #; CIT     | Υ;                                       | ZIP CODE          | Date Hand-delivered o                  | r Date Postmarked |
| OFFICEHOLDER<br>MAILING<br>ADDRESS | 2600 Mockingbird             |                    |  |                   | Receipt #                              | Amount            |
| Change of Address                  | Midland, TX 79705            |                    |  |                   |  |                   |
|                                    | malana, 170 reree            |                    |  |                   | Date Processed                         |                   |
|                                    |                              |                    |  |                   | Date Imaged                            |                   |
| 5 CAMPAIGN                         | MS / MRS / MR                | FIRST              |  | MI                | <u>-</u> -                             |                   |
| TREASURER<br>NAME                  | Mr.                          | Rick G             |  |                   |  |                   |
|                                    | NICKNAME                     | LAST               |  | SUFFIX            |  |                   |
|                                    | TWORW WILL                   | Strange            |  | 3011170           |  |                   |
|                                    |                              | Chango             |  |                   |  |                   |
| 6 CAMPAIGN                         | STREET ADDRESS (NO PO        | BOX PLEASE);       | APT                                      | / SUITE #; CITY;  | STA                                    | ATE; ZIP CODE     |
| TREASURER<br>ADDRESS               | 1104 Castle Rock Ct          |                    |  |                   |  |                   |
| (Residence or Business)            | Midland, TX 79705            |                    |  |                   |  |                   |
|                                    | 4054 0005 BUOM               |                    | -VTENOION                                |                   |  |                   |
| 7 CAMPAIGN<br>TREASURER            |                              | E NUMBER E         | EXTENSION                                |                   |  |                   |
| PHONE                              | (432) 553-3627               |                    |  |                   |  |                   |
| 8 REPORT<br>TYPE                   | X January 15                 | 30th day before    | election                                 | Runoff            | 15th day after car                     |                   |
|                                    | July 15                      | 8th day before 6   | plaction $\square$                       | Exceeded modified | appointment (office Final Report (Atta |                   |
|                                    | July 15                      | Still day before 6 |  | reporting limit   | Final Report (Alla                     | acti C/OH-FR)     |
| 9 PERIOD                           | Month Day Year               |                    |  | Month Day         | Year                                   |                   |
| COVERED                            | 07/01/2024                   | TH                 | IROUGH                                   | 12/31/202         | <u>'</u> 4                             |                   |
| 10 ELECTION                        | ELECTION DATE                |                    |  | ELECTION TYPE     |  |                   |
|                                    | Month Day Year               | LIP                | rimary                                   | Runoff            | Other                                  |                   |
|                                    |                              | □G                 | eneral                                   | Special           |  |                   |
|                                    |                              |                    |  |                   |  |                   |
| 11 OFFICE                          | OFFICE HELD (if any)         |                    |  | 12 OFFICE SOUGHT  | (if known)                             |                   |
|                                    | State Senator District 31    |                    |  |                   |  |                   |
|                                    | 1                            |                    |  | ı                 |  |                   |
|                                    |                              | GO T               | O PAGE 2                                 |                   |  |                   |

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 69

| 13 C / OH NAME                                 | Sparks, Kevin D (The              | e Honorable)  | <b>14</b> Filer ID (E 00085798 | Ethics Commission Filers) |
|--|-----------------------------------|---|--------------------------------|---------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.         | political contributions accepted or political expenditu<br>These expenditures may have been made without a<br>d officeholders are required to report this information | the candidate's or officel     | holder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                    | COMMITTEE NAME  |                                |                           |
|  | GENERAL                           |   |                                |                           |
|  |                                   | COMMITTEE ADDRESS   |                                |                           |
|  | SPECIFIC                          |   |                                |                           |
|  |                                   | COMMITTEE CAMPAIGN TREASURER NAME   |                                |                           |
|  |                                   | COMMITTEE CAMPAIGN TREASURER ADDRES   | SS                             |                           |
|  |                                   |   |                                | _                         |
| 16 CONTRIBUTION<br>TOTALS                      | N PLEDGES, LOANS,<br>CTRONICALLY) | \$ 0.00   |                                |                           |
|  |                                   | CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS  | 5)                             | <b>\$</b> 414,450.66      |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                   | IZED POLITICAL EXPENDITURES   |                                | \$ 0.00                   |
|  | 4. TOTAL POLITIC                  | AL EXPENDITURES   |                                | \$ 25,200.65              |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE     | AL CONTRIBUTIONS MAINTAINED AS OF THE L<br>RIOD   | AST DAY OF THE                 | \$ 701,762.87             |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR  | PAL AMOUNT OF ALL OUTSTANDING LOANS AS<br>ITING PERIOD  | OF THE LAST DAY                | \$ 0.00                   |
| 17 AFFIDAVIT                                   |                                   |   |                                |                           |
|  |                                   | I swear, or affirm, under penalty<br>true and correct and includes a<br>under Title 15, Election Code.  |                                |                           |
|  |                                   | The Hono  | orable Kevin D Sparks          | 5                         |
|  |                                   |   | Candidate or Officehold        |                           |
| AFFIX NO                                       | TARY STAMP / SEAL AB              | OVE   |                                |                           |
| Sworn to and subso                             | cribed before me, by the s        | aid   | , this the                     | day                       |
|  |                                   | ertify which, witness my hand and seal of office.   |                                |                           |
|  |                                   |   |                                |                           |
| Signature of office                            | cer administering                 | Printed name of officer administering   | Title of officer               | administering oath        |
|  |                                   |   |                                |                           |

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

|     |        |  | 4 of 69                     |      |                         |
|-----|--------|--|-----------------------------|------|-------------------------|
|     | ER NAN | ME<br>evin D (The Honorable)   | <b>19</b> Filer ID 00085798 | (Eth | nics Commission Filers) |
|     |        | E SUBTOTALS<br>SCHEDULE  |                             |      | SUBTOTAL AMOUNT         |
| 1.  | X      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                              |                             | \$   | 414,250.66              |
| 2.  | X      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                |                             | \$   | 200.00                  |
| 3.  |        | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                             | \$   |                         |
| 4.  |        | SCHEDULE E: LOANS  |                             | \$   |                         |
| 5.  | X      | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS           | S                           | \$   | 25,200.65               |
| 6.  |        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                   |                             | \$   |                         |
| 7.  |        | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION           | ONS                         | \$   |                         |
| 8.  |        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                              |                             | \$   |                         |
| 9.  |        | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                     |                             | \$   |                         |
| 10. |        | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS             | OF C/OH                     | \$   |                         |
| 11. | X      | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION         | ONS                         | \$   | 1,600.00                |
| 12. |        | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER | RETURNED                    | \$   |                         |
|     |        |  |                             |      |                         |

|   | MONET                         | ARY POLITICAL CONTRIBUTION   | ONS                                |          | SCHEDUI   | LE <b>A1</b> |
|---|-------------------------------|--|------------------------------------|----------|---|--------------|
|   | The Instru                    | ction Guide explains how to complete this f  | orm.                               | 1        | Total pages Schedule A1:<br>Sch: 1/30 Rpt: 5/69 |              |
| 2 | FILER NAME<br>Sparks, Kev     | in D (The Honorable)   |                                    | 3        | Filer ID (Ethics Commission 00085798            | on Filers)   |
| 4 | Date 12/10/2024               | 5 Full name of contributor out-of-state PAC (ID#:_ A & M PAC  6 Contributor address; City; State; Zip Code                               | )                                  | 7        | Amount of Contribution (\$)                     | \$2,500.00   |
| 8 | Principal occu                | Austin, TX 78701  upation / Job title (See Instructions)   | Employer (See Instructions         | <u> </u> |   |              |
| _ | Timelpai occa                 | pation 7 oob title (occ instructions)  | 2 Employer (See Matuctions         | ,<br>    |   |              |
|   | Date<br>12/13/2024            | Full name of contributor out-of-state PAC (ID#:_AT&T Texas PAC  Contributor address; City; State; Zip Code                               |                                    |          | Amount of Contribution (\$)                     | \$2,000.00   |
|   | Dringing ago                  | Austin, TX 78701   | Employer (See Instructions         |          |   |              |
|   | Principal occu                | ipation / Job title (See Instructions)   | Employer (See Instructions         | )        |   |              |
|   | Date<br>10/28/2024            | Full name of contributor out-of-state PAC (ID#:_Alsup, James (Mr.)  Contributor address; City; State; Zip Code                           | )                                  |          | Amount of Contribution (\$)                     | \$250.00     |
|   |                               | Midland, TX 79705  |                                    |          |   |              |
|   | Principal occu<br>Retired     | pation / Job title (See Instructions)  | Employer (See Instructions Retired | )        |   |              |
|   | Date<br>10/28/2024            | Full name of contributor out-of-state PAC (ID#:_ Angelo Jr., Ernest (Mr.)  Contributor address; City; State; Zip Code  Midland, TX 79701 | )                                  |          | Amount of Contribution (\$)                     | \$5,000.00   |
|   | Principal occu<br>Petroleum E | ipation / Job title (See Instructions)<br>ingineer   | Employer (See Instructions<br>Self | )        |   |              |
|   | Date<br>10/11/2024            | Full name of contributor out-of-state PAC (ID#:_Apache Corporation PAC  Contributor address; City; State; Zip Code  Houston, TX 77042    |                                    |          | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Principal occu                | pation / Job title (See Instructions)  | Employer (See Instructions         | )        |   |              |
|   |                               |  |                                    |          |   |              |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS   |   | SCHEDUI   | LE <b>A1</b> |
|---|----------------------------|--|---|---|---|--------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.  | 1 | Total pages Schedule A1:<br>Sch: 2/30 Rpt: 6/69 |              |
| 2 | FILER NAME<br>Sparks, Kevi | in D (The Honorable)   |   | 3 | Filer ID (Ethics Commission 00085798            | on Filers)   |
| 4 | Date<br>12/29/2024         | Full name of contributor   | )   | 7 | Amount of Contribution (\$)                     | \$1,000.00   |
| _ |                            | Frisco, TX 75033   |   |   |   |              |
| 8 | Principal occu<br>CEO      | pation / Job title (See Instructions)  | 9 Employer (See Instructions) Oceans Healthcare | ) |   |              |
|   | Date<br>11/21/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Association General Contractors of Texas PAC<br>Contributor address; City; State; Zip Code | )   |   | Amount of Contribution (\$)                     | \$2,500.00   |
|   | Principal occu             | Austin, TX 78768 pation / Job title (See Instructions)   | Employer (See Instructions                      | ) |   |              |
|   | Date<br>11/21/2024         | Full name of contributor out-of-state PAC (ID#:_<br>BNSF Rail PAC<br>Contributor address; City; State; Zip Code                                |   |   | Amount of Contribution (\$)                     | \$1,500.00   |
|   | Principal occu             | Fort Worth, TX 76161 pation / Job title (See Instructions)   | Employer (See Instructions                      | ) |   |              |
|   | Date<br>11/21/2024         | Full name of contributor out-of-state PAC (ID#: Beef PAC Contributor address; City; State; Zip Code Amarillo, TX 79106                         |   |   | Amount of Contribution (\$)                     | \$5,000.00   |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions                      | ) |   |              |
|   | Date<br>10/15/2024         | Full name of contributor out-of-state PAC (ID#:_Bellina, Jim (Mr.)  Contributor address; City; State; Zip Code  Amarillo, TX 79106             | )   |   | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Principal occu<br>CEO      | pation / Job title (See Instructions)  | Employer (See Instructions AMA Tech Tel         | ) |   |              |
|   |                            |  |   |   |   |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | NS  |   | SCHEDUI   | LE <b>A1</b> |
|---|-----------------------------|--|---|---|---|--------------|
|   | The Instru                  | ction Guide explains how to complete this fo   | orm.  | 1 | Total pages Schedule A1:<br>Sch: 3/30 Rpt: 7/69 |              |
| 2 | FILER NAME<br>Sparks, Kev   | in D (The Honorable)   |   | 3 | Filer ID (Ethics Commission 00085798            | on Filers)   |
| 4 | Date<br>10/31/2024          | Full name of contributor   | )   | 7 | Amount of Contribution (\$)                     | \$1,500.00   |
| _ |                             | Midland, TX 79702  |   |   |   |              |
| 8 | Owner                       | pation / Job title (See Instructions)  | 9 Employer (See Instructions<br>Statewide Minerals Co | ) |   |              |
|   | Date<br>10/28/2024          | Full name of contributor out-of-state PAC (ID#:_ Brown, Dale (Mr.)  Contributor address; City; State; Zip Code                                     |   |   | Amount of Contribution (\$)                     | \$1,000.00   |
|   |                             | Midland, TX 79704 upation / Job title (See Instructions)   | Employer (See Instructions                            | ) |   |              |
|   | Business Ma                 | Business Manager Moriah Group  |   |   |   |              |
|   | Date<br>10/28/2024          | Full name of contributor out-of-state PAC (ID#:_<br>Burkes, Jonathan & Amy<br>Contributor address; City; State; Zip Code                           | )   |   | Amount of Contribution (\$)                     | \$250.00     |
|   |                             | Midland, TX 79707  |   |   |   |              |
|   | Orthopedic S                | ipation / Job title (See Instructions)<br>Surgeon  | Employer (See Instructions<br>Midland Memorial Hospi  |   |   |              |
|   | Date<br>10/24/2024          | Full name of contributor out-of-state PAC (ID#:_ Burkholder, John Contributor address; City; State; Zip Code Midland, TX 79707                     | )   |   | Amount of Contribution (\$)                     | \$250.00     |
|   | Principal occu<br>President | pation / Job title (See Instructions)  | Employer (See Instructions<br>Burkholder Holdings     | ) |   |              |
|   | Date<br>12/13/2024          | Full name of contributor out-of-state PAC (ID#:_ Charter Communications Inc Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701 | )   |   | Amount of Contribution (\$)                     | \$5,000.00   |
|   | Principal occu              | I upation / Job title (See Instructions)   | Employer (See Instructions                            | ) |   |              |
|   |                             |  |   |   |   |              |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS                                   |   | SCHEDUI   | LE <b>A1</b> |
|---|----------------------------|--|---------------------------------------|---|---|--------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.                                  | 1 | Total pages Schedule A1:<br>Sch: 4/30 Rpt: 8/69 |              |
| 2 | FILER NAME<br>Sparks, Kevi | in D (The Honorable)   |                                       | 3 | Filer ID (Ethics Commission 00085798            | on Filers)   |
| 4 | Date 10/15/2024            | 5 Full name of contributor out-of-state PAC (ID#:_ Chevron Employee PAC  6 Contributor address; City; State; Zip Code                      | )                                     | 7 | Amount of Contribution (\$)                     | \$3,000.00   |
| _ | Dringing! goog             | San Ramon, CA 94583  | O Employer (See Instructions          |   |   |              |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9 Employer (See Instructions)         | ) |   |              |
|   | Date<br>12/13/2024         | Full name of contributor out-of-state PAC (ID#:_ Chevron Phillips Chemical State PAC Contributor address; City; State; Zip Code            | )                                     |   | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Principal occu             | The Woodlands, TX 77380 pation / Job title (See Instructions)  | Employer (See Instructions            | ) |   |              |
|   | Date<br>11/26/2024         | Full name of contributor out-of-state PAC (ID#:_ Congress Avenue Partners LLC Contributor address; City; State; Zip Code  Austin, TX 78701 |                                       |   | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions            | ) |   |              |
|   | Date<br>12/13/2024         | Full name of contributor out-of-state PAC (ID#:_ Congress Ventures LLC Contributor address; City; State; Zip Code  Austin, TX 78703        |                                       |   | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions            | ) |   |              |
|   | Date<br>10/28/2024         | Full name of contributor out-of-state PAC (ID#:_ Cowden, Linda (Ms.) Contributor address; City; State; Zip Code Midland, TX 79705          |                                       |   | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)  | Employer (See Instructions<br>Retired | ) |   |              |
|   |                            |  |                                       |   |   |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | ONS  |   | SCHEDUI   | LE <b>A1</b> |
|---|-----------------------------|---|--|---|---|--------------|
|   | The Instru                  | ction Guide explains how to complete this f   | orm.   | 1 | Total pages Schedule A1:<br>Sch: 5/30 Rpt: 9/69 |              |
| 2 | FILER NAME<br>Sparks, Kev   | in D (The Honorable)  |  | 3 | Filer ID (Ethics Commission 00085798            | on Filers)   |
| 4 | Date 12/13/2024             | Full name of contributor  | )  | 7 | Amount of Contribution (\$)                     | \$1,000.00   |
| _ | Dringing! good              | Austin, TX 78701  | 0 Employer (See Instructions                       |   |   |              |
| 8 | Principal occu              | ipation / Job title (See Instructions)  | 9 Employer (See Instructions)                      | ) |   |              |
|   | Date<br>10/28/2024          | Full name of contributor out-of-state PAC (ID#:_ Crump, Lea & Melanie Contributor address; City; State; Zip Code                        | )  |   | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Deignaignal annu            | Midland, TX 79705   | Fandayar (Coo Instructions                         |   |   |              |
|   | CEO                         | ipation / Job title (See Instructions)  | Employer (See Instructions) BC Operating           | ) |   |              |
|   | Date<br>10/31/2024          | Full name of contributor out-of-state PAC (ID#:_ Culp, Tim (Mr.) Contributor address; City; State; Zip Code                             | )  |   | Amount of Contribution (\$)                     | \$5,000.00   |
|   |                             | Midland, TX 79705   |  |   |   |              |
|   | Principal occu<br>President | ipation / Job title (See Instructions)  | Employer (See Instructions Southwest Royalties Inc |   |   |              |
|   | Date<br>10/23/2024          | Full name of contributor out-of-state PAC (ID#:_ Cunneen, Seth & Carla Contributor address; City; State; Zip Code Midland, TX 79705     | )  |   | Amount of Contribution (\$)                     | \$1,000.00   |
|   | Principal occu<br>Manager   | pation / Job title (See Instructions)   | Employer (See Instructions<br>Crown Quest          | ) |   |              |
|   | Date<br>12/06/2024          | Full name of contributor out-of-state PAC (ID#:_ Davis, John Allen (Mr.)  Contributor address; City; State; Zip Code  Midland, TX 79701 | )  |   | Amount of Contribution (\$)                     | \$250.00     |
|   | Principal occu<br>Attorney  | pation / Job title (See Instructions)   | Employer (See Instructions<br>Davis Gerald Cremer  | ) |   |              |
|   |                             |   |  |   |   |              |

|   | MONET                     | ARY POLITICAL CONTRIBUTION  | ONS                                       |   | SCHEDULE A1                                      |
|---|---------------------------|---|---|---|--|
|   | The Instru                | ction Guide explains how to complete this f   | orm.                                      | 1 | Total pages Schedule A1:<br>Sch: 6/30 Rpt: 10/69 |
| 2 | FILER NAME<br>Sparks, Kev | in D (The Honorable)  |   | 3 | Filer ID (Ethics Commission Filers) 00085798     |
| 4 | Date 12/13/2024           | Full name of contributor  | )   | 7 | Amount of Contribution (\$) \$1,000.00           |
| _ | Deinsinal                 | Austin, TX 78701  | D. Faralana (Caralantustica               |   |  |
| 8 | Principal occu            | ipation / Job title (See Instructions)  | 9 Employer (See Instructions              | ) |  |
|   | Date<br>10/28/2024        | Full name of contributor out-of-state PAC (ID#:_ Donaldson, Briggs & Susannah  Contributor address; City; State; Zip Code                     | )   |   | Amount of Contribution (\$) \$500.00             |
|   | Dringing occu             | Midland, TX 79710  upation / Job title (See Instructions)   | Employer (See Instructions                |   |  |
|   | Land Manag                |   | Purvis Operating Co                       | ) |  |
|   | Date<br>11/21/2024        | Full name of contributor out-of-state PAC (ID#:_ Dunn, Tim (Mr.) Contributor address; City; State; Zip Code                                   | )   |   | Amount of Contribution (\$) \$25,000.00          |
|   |                           | Midland, TX 79705   |   |   |  |
|   | Principal occu<br>CEO     | ipation / Job title (See Instructions)  | Employer (See Instructions<br>Crown Quest | ) |  |
|   | Date<br>11/26/2024        | Full name of contributor out-of-state PAC (ID#:_<br>Eli Lilly & Company PAC<br>Contributor address; City; State; Zip Code<br>Austin, TX 78701 | )   |   | Amount of Contribution (\$) \$1,500.00           |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions                | ) |  |
|   | Date<br>11/26/2024        | Full name of contributor out-of-state PAC (ID#:_ Eric Wright & Associates  Contributor address; City; State; Zip Code  Austin, TX 78701       | )   |   | Amount of Contribution (\$) \$2,000.00           |
|   | Principal occu            | ipation / Job title (See Instructions)  | Employer (See Instructions                | ) |  |
|   |                           |   |   |   |  |

|   | MONET                     | ARY POLITICAL CONTRIBUTION  | ONS                          |   | SCHEDUI  | LE <b>A1</b> |
|---|---------------------------|---|------------------------------|---|--|--------------|
|   | The Instru                | ction Guide explains how to complete this f   | orm.                         | 1   | Total pages Schedule A1:<br>Sch: 7/30 Rpt: 11/69 |              |
| 2 | FILER NAME<br>Sparks, Kev | in D (The Honorable)  |                              | 3   | Filer ID (Ethics Commission 00085798             | on Filers)   |
| 4 | Date 11/26/2024           | <ul> <li>Full name of contributor</li></ul>   |                              | 7   | Amount of Contribution (\$)                      | \$1,500.00   |
| 8 | Principal occu            | Austin, TX 78701 pation / Job title (See Instructions)  | Employer (See Instructions   |   |  |              |
| _ | Fillicipal occu           | pation / 300 title (See Instructions)   | 5 Employer (See Instructions | <u>,                                     </u> |  |              |
|   | Date<br>10/28/2024        | Full name of contributor  |                              |   | Amount of Contribution (\$)                      | \$1,000.00   |
|   | Principal occu            | Irving, TX 75039 pation / Job title (See Instructions)  | Employer (See Instructions   |   |  |              |
|   | Fillicipal occu           | pation / 300 title (See Instructions)   | Employer (See Instructions   | ,   |  |              |
|   | Date<br>12/13/2024        | Full name of contributor  | )                            |   | Amount of Contribution (\$)                      | \$1,500.00   |
|   |                           | Dallas, TX 75201  |                              |   |  |              |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |  |              |
|   | Date<br>12/13/2024        | Full name of contributor out-of-state PAC (ID#:_Friends of the University PAC  Contributor address; City; State; Zip Code  Austin, TX 78763 | )                            |   | Amount of Contribution (\$)                      | \$2,500.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |  |              |
|   | Date<br>11/21/2024        | Full name of contributor out-of-state PAC (ID#:_Gin PAC  Contributor address; City; State; Zip Code  Round Rock, TX 78664                   | )                            |   | Amount of Contribution (\$)                      | \$500.00     |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |  |              |
|   |                           |   |                              |   |  |              |

|   | MONET                     | ARY POLITICAL CONTRIBUTION  | ONS   |   | SCHEDUI  | LE <b>A1</b> |
|---|---------------------------|---|---|---|--|--------------|
|   | The Instru                | ction Guide explains how to complete this f   | orm.  | 1 | Total pages Schedule A1:<br>Sch: 8/30 Rpt: 12/69 |              |
| 2 | FILER NAME<br>Sparks, Kev | in D (The Honorable)  |   | 3 | Filer ID (Ethics Commission 00085798             | on Filers)   |
| 4 | Date 12/12/2024           | 5 Full name of contributor out-of-state PAC (ID#:_ HS Law PAC  6 Contributor address; City; State; Zip Code                                       | )   | 7 | Amount of Contribution (\$)                      | \$1,000.00   |
| 0 | Dringing occur            | Austin, TX 78701  upation / Job title (See Instructions)  | Employer (See Instructions                  |   |  |              |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9 Employer (See Instructions                | ) |  |              |
|   | Date<br>11/26/2024        | Full name of contributor out-of-state PAC (ID#:_Halliburton Company PAC Contributor address; City; State; Zip Code                                |   |   | Amount of Contribution (\$)                      | \$1,000.00   |
|   | Principal occu            | Houston, TX 77072  upation / Job title (See Instructions)   | Employer (See Instructions                  | ) |  |              |
|   |                           |   |   |   |  |              |
|   | Date<br>10/28/2024        | Full name of contributor out-of-state PAC (ID#:_ Harrison, Cole (Mr.) Contributor address; City; State; Zip Code                                  |   |   | Amount of Contribution (\$)                      | \$500.00     |
|   |                           | Midland, TX 79705   |   |   |  |              |
|   | Principal occu<br>Owner   | pation / Job title (See Instructions)   | Employer (See Instructions<br>Fiesta Energy | ) |  |              |
|   | Date<br>10/15/2024        | Full name of contributor out-of-state PAC (ID#:_ Health Care Service Corporation PAC Contributor address; City; State; Zip Code  Austin, TX 78701 |   |   | Amount of Contribution (\$)                      | \$1,500.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions                  | ) |  |              |
|   | Date<br>10/28/2024        | Full name of contributor out-of-state PAC (ID#:_ Henderson, Pat (Ms.)  Contributor address; City; State; Zip Code  Midland, TX 79707              | )   |   | Amount of Contribution (\$)                      | \$500.00     |
|   | Principal occu<br>Retired | ipation / Job title (See Instructions)  | Employer (See Instructions<br>Retired       | ) |  |              |
|   |                           |   |   |   |  |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | DNS  |   | SCHEDU   | LE <b>A1</b> |
|---|-----------------------------|---|--|---|--|--------------|
|   | The Instru                  | ction Guide explains how to complete this f   | orm.   | 1 | Total pages Schedule A1:<br>Sch: 9/30 Rpt: 13/69 |              |
| 2 | FILER NAME<br>Sparks, Kev   | in D (The Honorable)  |  | 3 | Filer ID (Ethics Commission 00085798             | on Filers)   |
| 4 | Date<br>10/28/2024          | 5 Full name of contributor out-of-state PAC (ID#:_ Holmes, William (Mr.)  6 Contributor address; City; State; Zip Code              | )  | 7 | Amount of Contribution (\$)                      | \$25,000.00  |
| _ | Discipal                    | Midland, TX 79702   | 10. 5  |   |  |              |
| 8 | Oil & Gas                   | pation / Job title (See Instructions)   | Employer (See Instructions     Self                  | ) |  |              |
|   | Date<br>12/12/2024          | Full name of contributor out-of-state PAC (ID#:_ HomePAC of Texas  Contributor address; City; State; Zip Code                       |  |   | Amount of Contribution (\$)                      | \$1,000.00   |
|   | Principal occu              | Austin, TX 78701 spation / Job title (See Instructions)   | Employer (See Instructions                           | ) |  |              |
|   | Date<br>10/28/2024          | Full name of contributor out-of-state PAC (ID#:_ Hord, Dan (Mr.)  Contributor address; City; State; Zip Code                        |  |   | Amount of Contribution (\$)                      | \$5,000.00   |
|   | Principal occu              | Midland, TX 79702  Ipation / Job title (See Instructions)   | Employer (See Instructions                           | ) |  |              |
|   | Partner                     |   | Hedluc Investments                                   |   |  |              |
|   | Date<br>10/28/2024          | Full name of contributor out-of-state PAC (ID#:_ Huge, Kenneth (Mr.)  Contributor address; City; State; Zip Code  Midland, TX 79707 |  |   | Amount of Contribution (\$)                      | \$400.00     |
|   | Principal occu<br>Retired   | pation / Job title (See Instructions)   | Employer (See Instructions Retired                   | ) |  |              |
|   | Date<br>10/28/2024          | Full name of contributor out-of-state PAC (ID#:_ Johnson, Bert & Anne Contributor address; City; State; Zip Code Midland, TX 79705  |  |   | Amount of Contribution (\$)                      | \$500.00     |
|   | Principal occu<br>President | ipation / Job title (See Instructions)  | Employer (See Instructions<br>Johnson Ranch & Intere |   |  |              |
|   |                             |   |  |   |  |              |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |   |   | SCHEDULE A1                                       |            |
|---|----------------------------------|---|---|---|---|------------|
|   | The Instru                       | ction Guide explains how to complete this f   | orm.  | 1 | Total pages Schedule A1:<br>Sch: 10/30 Rpt: 14/69 |            |
| 2 | FILER NAME<br>Sparks, Kev        | in D (The Honorable)  |   | 3 | Filer ID (Ethics Commission 00085798              | on Filers) |
| 4 | Date<br>12/11/2024               | <ul> <li>Full name of contributor</li></ul>   | )   | 7 | Amount of Contribution (\$)                       | \$5,000.00 |
| _ |                                  | Midland, TX 79701   |   |   |   |            |
| 8 | Principal occu<br>CRO            | ipation / Job title (See Instructions)  | 9 Employer (See Instructions<br>Summit Petroleum  | ) |   |            |
|   | Date<br>10/28/2024               | Full name of contributor out-of-state PAC (ID#:_<br>Johnson, Matthew & Kristina<br>Contributor address; City; State; Zip Code           |   |   | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Dringinal occu                   | Midland, TX 79705  pation / Job title (See Instructions)  | Employer (See Instructions                        |   |   |            |
|   | Architectural                    |   | Cosee Home  | ) |   |            |
|   | Date<br>12/29/2024               | Full name of contributor out-of-state PAC (ID#:_<br>Linebacker Goggan Blair & Sampson LLP<br>Contributor address; City; State; Zip Code |   |   | Amount of Contribution (\$)                       | \$1,500.00 |
|   | Driveries                        | Austin, TX 78760  | Faralassa (Caralassa trastica)                    |   |   |            |
|   | Principal occu                   | ipation / Job title (See Instructions)  | Employer (See Instructions                        | ) |   |            |
|   | Date<br>10/28/2024               | Full name of contributor out-of-state PAC (ID#:_ Marecle, Eric & Heather  Contributor address; City; State; Zip Code  Midland, TX 79705 | )   |   | Amount of Contribution (\$)                       | \$500.00   |
|   | Principal occu<br>Vice Preside   | upation / Job title (See Instructions)  | Employer (See Instructions<br>Discovery Operating | ) |   |            |
|   | Date<br>10/28/2024               | Full name of contributor out-of-state PAC (ID#:_ Mayne, Taylor & Jeannie Contributor address; City; State; Zip Code Midland, TX 79702   | )   |   | Amount of Contribution (\$)                       | \$500.00   |
|   | Principal occu<br>Oil & Gas      | pation / Job title (See Instructions)   | Employer (See Instructions<br>Mayne & Mertz Inc   | ) |   |            |
|   |                                  |   |   |   |   |            |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |  |   | SCHEDUI   | LE <b>A1</b> |
|---|----------------------------------|---|--|---|---|--------------|
|   | The Instru                       | ction Guide explains how to complete this f   | orm.   | 1 | Total pages Schedule A1:<br>Sch: 11/30 Rpt: 15/69 |              |
| 2 | FILER NAME<br>Sparks, Kev        | in D (The Honorable)  |  | 3 | Filer ID (Ethics Commission 00085798              | on Filers)   |
| 4 | Date<br>12/29/2024               | 5 Full name of contributor out-of-state PAC (ID#:_ McGuire Woods PAC  6 Contributor address; City; State; Zip Code                            | )  | 7 | Amount of Contribution (\$)                       | \$1,000.00   |
| _ | Dringing Local                   | Richmond, VA 23219  | 0 Employer (See Instructions                     |   |   |              |
| 8 | Principal occu                   | pation / Job title (See Instructions)   | 9 Employer (See Instructions)                    | ) |   |              |
|   | Date<br>12/13/2024               | Full name of contributor out-of-state PAC (ID#:_<br>Monk Casey PAC<br>Contributor address; City; State; Zip Code                              | )  |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu                   | Austin, TX 78701  Ipation / Job title (See Instructions)  | Employer (See Instructions                       | ) |   |              |
|   | Date<br>10/28/2024               | Full name of contributor out-of-state PAC (ID#:_<br>Musselman, Henry (Mr.)<br>Contributor address; City; State; Zip Code<br>Midland, TX 79702 |  |   | Amount of Contribution (\$)                       | \$500.00     |
|   | Principal occu<br>Vice Preside   | upation / Job title (See Instructions)  | Employer (See Instructions Compass Oil & Gas     | ) |   |              |
|   | Date<br>10/25/2024               | Full name of contributor out-of-state PAC (ID#:_<br>Myer, Gaines<br>Contributor address; City; State; Zip Code<br>Midland, TX 79707           |  |   | Amount of Contribution (\$)                       | \$2,500.00   |
|   | Principal occur<br>Director of P | I<br>pation / Job title (See Instructions)  | Employer (See Instructions<br>Diamondback Energy | ) |   |              |
|   | Date<br>12/10/2024               | Full name of contributor out-of-state PAC (ID#:_NACDS PAC  Contributor address; City; State; Zip Code  Arlington, VA 22209                    |  |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions                       | ) |   |              |
|   |                                  |   |  |   |   |              |

|   | MONETARY POLITICAL CONTRIBUTIONS |  |                                |   | SCHEDUI   | LE <b>A1</b> |
|---|----------------------------------|--|--------------------------------|---|---|--------------|
|   | The Instru                       | ction Guide explains how to complete this f  | orm.                           | 1 | Total pages Schedule A1:<br>Sch: 12/30 Rpt: 16/69 |              |
| 2 | FILER NAME<br>Sparks, Kev        | in D (The Honorable)   |                                | 3 | Filer ID (Ethics Commission 00085798              | on Filers)   |
| 4 | Date 11/26/2024                  | 5 Full name of contributor out-of-state PAC (ID#:_ NRG Energy PAC  6 Contributor address; City; State; Zip Code                                    |                                | 7 | Amount of Contribution (\$)                       | \$2,500.00   |
| _ | Deinainal agai                   | Austin, TX 78701   | O Franks var (Caa kastrustinga |   |   |              |
| 8 | Principal occu                   | ipation / Job title (See Instructions)   | 9 Employer (See Instructions   | ) |   |              |
|   | Date<br>12/13/2024               | Full name of contributor out-of-state PAC (ID#:_ONCOR Texas PAC  Contributor address; City; State; Zip Code  |                                |   | Amount of Contribution (\$)                       | \$5,000.00   |
|   | Principal occu                   | Dallas, TX 75202  upation / Job title (See Instructions)   | Employer (See Instructions     |   |   |              |
|   | r inicipal occu                  | pation / 300 title (See instructions)  | Employer (See Instructions     | , |   |              |
|   | Date<br>09/09/2024               | Full name of contributor   | )                              |   | Amount of Contribution (\$)                       | \$500.00     |
|   |                                  | Austin, TX 78701   |                                |   |   |              |
|   | Principal occu                   | ipation / Job title (See Instructions)   | Employer (See Instructions     | ) |   |              |
|   | Date<br>12/06/2024               | Full name of contributor out-of-state PAC (ID#:_ONEOK Employee PAC  Contributor address; City; State; Zip Code  Tulsa, OK 74102                    |                                |   | Amount of Contribution (\$)                       | \$500.00     |
|   | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions     | ) |   |              |
|   | Date<br>10/15/2024               | Full name of contributor out-of-state PAC (ID#:_ Occidental Petroleum Corporation PAC Contributor address; City; State; Zip Code  Austin, TX 78701 |                                |   | Amount of Contribution (\$)                       | \$2,500.00   |
|   | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions     | ) |   |              |
|   |                                  |  |                                |   |   |              |

|   | MONETARY POLITICAL CONTRIBUTIONS |  |   |   | SCHEDULE A  |            |  |  |
|---|----------------------------------|--|---|---|---|------------|--|--|
|   | The Instru                       | ction Guide explains how to complete this f  | orm.                                    | 1 | Total pages Schedule A1:<br>Sch: 13/30 Rpt: 17/69 |            |  |  |
| 2 | FILER NAME<br>Sparks, Kevi       | in D (The Honorable)   |   | 3 | Filer ID (Ethics Commission 00085798              | on Filers) |  |  |
| 4 | Date 12/30/2024                  | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_         One Gas Inc PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>          |   | 7 | Amount of Contribution (\$)                       | \$750.00   |  |  |
| _ |                                  | Tulsa, OK 74103  |   |   |   |            |  |  |
| 8 | Principal occu                   | pation / Job title (See Instructions)  | 9 Employer (See Instructions)           | ) |   |            |  |  |
|   | Date<br>12/06/2024               | Full name of contributor out-of-state PAC (ID#:_Panhandle Producers & Royalty Owners Associ Contributor address; City; State; Zip Code  Amarillo, TX 79106 |   |   | Amount of Contribution (\$)                       | \$1,000.00 |  |  |
|   | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions              | ) |   |            |  |  |
|   | Date<br>12/29/2024               | Full name of contributor out-of-state PAC (ID#: PharmPAC Contributor address; City; State; Zip Code  |   |   | Amount of Contribution (\$)                       | \$2,000.00 |  |  |
|   | Principal occu                   | Austin, TX 78757 pation / Job title (See Instructions)   | Employer (See Instructions              | ) |   |            |  |  |
|   |                                  | ,  | , | , |   |            |  |  |
|   | Date<br>09/16/2024               | Full name of contributor out-of-state PAC (ID#:_<br>Phillips 66 PAC<br>Contributor address; City; State; Zip Code<br>Baton Rouge, LA 70879                 | )                                       |   | Amount of Contribution (\$)                       | \$2,500.66 |  |  |
|   | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions              | ) |   |            |  |  |
|   | Date<br>11/21/2024               | Full name of contributor out-of-state PAC (ID#:_ Phillips, Bart (Mr.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76132                    |   |   | Amount of Contribution (\$)                       | \$500.00   |  |  |
|   | Principal occu<br>Oil & Gas      | pation / Job title (See Instructions)  | Employer (See Instructions<br>Self      | ) |   |            |  |  |
|   |                                  |  |   |   |   |            |  |  |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS                                    |   | SCHEDUI   | E A1       |
|---|----------------------------|--|--|---|---|------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.                                   | 1 | Total pages Schedule A1:<br>Sch: 14/30 Rpt: 18/69 |            |
| 2 | FILER NAME<br>Sparks, Kevi | in D (The Honorable)   |  | 3 | Filer ID (Ethics Commission 00085798              | on Filers) |
| 4 | Date<br>10/28/2024         | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Platt, Ronald &amp; Kathie</li> <li>Contributor address; City; State; Zip Code</li> </ul> | )                                      | 7 | Amount of Contribution (\$)                       | \$1,000.00 |
| _ | Deignaignal annu           | The Hills, TX 78738  | D. Frankrian (Contractive times        |   |   |            |
| 8 | Retired                    | pation / Job title (See Instructions)  | Employer (See Instructions     Retired | ) |   |            |
|   | Date<br>12/29/2024         | Full name of contributor out-of-state PAC (ID#:_ Poinsett PLLC Contributor address; City; State; Zip Code  |  |   | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu             | Austin, TX 78701  pation / Job title (See Instructions)  | Employer (See Instructions             | ) |   |            |
|   | Date<br>11/26/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Provider Coalition for Care PAC<br>Contributor address; City; State; Zip Code                    |  |   | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu             | Georgetown, TX 78633 pation / Job title (See Instructions)   | Employer (See Instructions             | ) |   |            |
|   | Date<br>10/28/2024         | Full name of contributor out-of-state PAC (ID#:_Purvis, J. & Mitzi (Mr.)  Contributor address; City; State; Zip Code  Midland, TX 79702              | )                                      |   | Amount of Contribution (\$)                       | \$2,000.00 |
|   | Principal occu<br>Investor | pation / Job title (See Instructions)  | Employer (See Instructions<br>Self     | ) |   |            |
|   | Date<br>12/29/2024         | Full name of contributor out-of-state PAC (ID#:_Quest Diagnostics Incorporated PAC  Contributor address; City; State; Zip Code  Secaucus, NJ 07094   |  |   | Amount of Contribution (\$)                       | \$500.00   |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions             | ) |   |            |
|   |                            |  |  |   |   |            |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | ONS  | SCHEDULE A1   |
|---|-----------------------------|--|--|---|
|   | The Instru                  | ction Guide explains how to complete this  | form.  | 1 Total pages Schedule A1:<br>Sch: 15/30 Rpt: 19/69 |
| 2 | FILER NAME<br>Sparks, Kevi  | in D (The Honorable)   |  | 3 Filer ID (Ethics Commission Filers)<br>00085798   |
| 4 | Date 12/12/2024             | 5 Full name of contributor out-of-state PAC (ID#: Rathbone, Jack 6 Contributor address; City; State; Zip Code                      |  | 7 Amount of Contribution (\$) \$10,000.00           |
| _ |                             | Midland, TX 79707  |  |   |
| 8 | Principal occu Co-Fouunde   | pation / Job title (See Instructions)  | 9 Employer (See Instructions Mid-States Operating Co |   |
|   | Date<br>12/29/2024          | Full name of contributor out-of-state PAC (ID#: Red Rock Texas PAC Contributor address; City; State; Zip Code                      |  | Amount of Contribution (\$) \$4,000.00              |
|   | Principal occu              | Austin, TX 78701 pation / Job title (See Instructions)   | Employer (See Instructions                           | )   |
|   | Date<br>10/28/2024          | Full name of contributor out-of-state PAC (ID#: Reynolds, Jay (Mr.)  Contributor address; City; State; Zip Code  Midland, TX 79702 |  | Amount of Contribution (\$) \$1,000.00              |
|   |                             | pation / Job title (See Instructions)  | Employer (See Instructions                           | )   |
|   | Date<br>12/13/2024          | Full name of contributor out-of-state PAC (ID#: Robison, Douglass & Angie  | Rod Ric Drilling                                     | Amount of Contribution (\$) \$2,000.00              |
|   | Principal occu<br>President | pation / Job title (See Instructions)  | Employer (See Instructions Natura Resources          | )   |
|   | Date 11/26/2024             | Full name of contributor out-of-state PAC (ID#: Ryan LLC PAC  Contributor address; City; State; Zip Code  Dallas, TX 75240         |  | Amount of Contribution (\$) \$2,500.00              |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions                           | )   |
|   |                             |  |  |   |

|   | MONETARY POLITICAL CONTRIBUTIONS |  |  |   | SCHEDULE A1                                       |            |  |  |
|---|----------------------------------|--|--|---|---|------------|--|--|
|   | The Instru                       | ction Guide explains how to complete this f  | orm.   | 1 | Total pages Schedule A1:<br>Sch: 16/30 Rpt: 20/69 |            |  |  |
| 2 | FILER NAME<br>Sparks, Kev        | in D (The Honorable)   |  | 3 | Filer ID (Ethics Commission 00085798              | on Filers) |  |  |
| 4 | Date<br>12/13/2024               | 5 Full name of contributor out-of-state PAC (ID#:_ SCOPE  6 Contributor address; City; State; Zip Code                                     | )  | 7 | Amount of Contribution (\$)                       | \$3,000.00 |  |  |
| _ | Dringing Logg                    | Amarillo, TX 79101   | D. Employer (Co.) Instructions                     |   |   |            |  |  |
| 8 | Рппсіраї осси                    | pation / Job title (See Instructions)  | 9 Employer (See Instructions                       | ) |   |            |  |  |
|   | Date<br>12/13/2024               | Full name of contributor out-of-state PAC (ID#:_Scharbauer, Chris (Mr.)  Contributor address; City; State; Zip Code                        |  |   | Amount of Contribution (\$)                       | \$2,500.00 |  |  |
|   |                                  | Amarillo, TX 79118   |  |   |   |            |  |  |
|   | Principal occu<br>Rancher        | pation / Job title (See Instructions)  | Employer (See Instructions<br>Scharbauer Ranch LLC | ) |   |            |  |  |
|   | Date<br>11/21/2024               | Full name of contributor out-of-state PAC (ID#:_Scharbauer, Douglas (Mr.)  Contributor address; City; State; Zip Code                      | )  |   | Amount of Contribution (\$)                       | \$5,000.00 |  |  |
|   |                                  | Midland, TX 79702  |  |   |   |            |  |  |
|   | Principal occu<br>Investor       | pation / Job title (See Instructions)  | Employer (See Instructions<br>Self                 | ) |   |            |  |  |
|   | Date<br>11/26/2024               | Full name of contributor out-of-state PAC (ID#:_ Schauwecker, Mike (Mr.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76102 |  |   | Amount of Contribution (\$)                       | \$500.00   |  |  |
|   | Principal occu<br>President      | pation / Job title (See Instructions)  | Employer (See Instructions<br>Enertrade Inc        | ) |   |            |  |  |
|   | Date<br>10/28/2024               | Full name of contributor out-of-state PAC (ID#:_ Shelton, Bob & Helen Contributor address; City; State; Zip Code Midland, TX 79705         |  |   | Amount of Contribution (\$)                       | \$1,000.00 |  |  |
|   | Principal occu<br>Retired        | pation / Job title (See Instructions)  | Employer (See Instructions<br>Retired              | ) |   |            |  |  |
|   |                                  |  |  |   |   |            |  |  |

|   | MONET                          | ARY POLITICAL CONTRIBUTION  | DNS  |   | SCHEDULE A1                                       |     |
|---|--------------------------------|---|--|---|---|-----|
|   | The Instru                     | ction Guide explains how to complete this f   | orm.   | 1 | Total pages Schedule A1:<br>Sch: 17/30 Rpt: 21/69 |     |
| 2 | FILER NAME<br>Sparks, Kevi     | in D (The Honorable)  |  | 3 | Filer ID (Ethics Commission Filers) 00085798      |     |
| 4 | Date<br>10/28/2024             | <ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Sipes, LD (Mr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> | )  | 7 | Amount of Contribution (\$) \$300                 | .00 |
| _ | <u> </u>                       | Midland, TX 79702   | 10 5 1 10 11 11                                |   |   |     |
| 8 | Retired                        | pation / Job title (See Instructions)   | Employer (See Instructions     Retired         | ) |   |     |
|   | Date<br>12/12/2024             | Full name of contributor out-of-state PAC (ID#:_ Sledgelaw Group PLLC Contributor address; City; State; Zip Code                              |  |   | Amount of Contribution (\$) \$2,500               | .00 |
|   | Principal occu                 | Austin, TX 78766 pation / Job title (See Instructions)  | Employer (See Instructions                     | ) |   |     |
|   | Date<br>12/13/2024             | Full name of contributor out-of-state PAC (ID#:_<br>Sparks, Don & Gwyn<br>Contributor address; City; State; Zip Code<br>Midland, TX 79705     | )  |   | Amount of Contribution (\$) \$25,000              | .00 |
|   | Principal occu                 | pation / Job title (See Instructions)   | Employer (See Instructions Discovery Operating | ) |   |     |
|   | Date 10/31/2024                | Full name of contributor out-of-state PAC (ID#:_ Sparks, John B (Mr.)  Contributor address; City; State; Zip Code  Midland, TX 79707          |  |   | Amount of Contribution (\$) \$1,000               | .00 |
|   | Principal occu<br>Retired      | pation / Job title (See Instructions)   | Employer (See Instructions Retired             | ) |   |     |
|   | Date<br>10/28/2024             | Full name of contributor out-of-state PAC (ID#:_Stallings, Kyle & Jamie  Contributor address; City; State; Zip Code  Midland, TX 79702        |  |   | Amount of Contribution (\$) \$25,000              | .00 |
|   | Principal occu<br>Oil & Gas In | pation / Job title (See Instructions)<br>vestments  | Employer (See Instructions<br>Self             | ) |   |     |
|   |                                |   |  |   |   |     |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS                                  |        | SCHEDUI   | LE <b>A1</b> |
|---|----------------------------|--|--------------------------------------|--------|---|--------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.                                 | 1      | Total pages Schedule A1:<br>Sch: 18/30 Rpt: 22/69 |              |
| 2 | FILER NAME<br>Sparks, Kevi | in D (The Honorable)   |                                      | 3      | Filer ID (Ethics Commission 00085798              | on Filers)   |
| 4 | Date<br>10/28/2024         | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Stalllings, Todd &amp; Connie</li> <li>Contributor address; City; State; Zip Code</li> </ul> | )                                    | 7      | Amount of Contribution (\$)                       | \$5,000.00   |
| • | Dringing oggu              | Midland, TX 79707  pation / Job title (See Instructions)   | Employer (See Instructions)          |        |   |              |
| 8 | Geophysicis                |  | 9 Employer (See Instructions Self    | )      |   |              |
|   | Date<br>12/06/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Strategies 360 Texas LLC<br>Contributor address; City; State; Zip Code                             |                                      |        | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu             | Austin, TX 78701  pation / Job title (See Instructions)  | Employer (See Instructions           | )<br>( |   |              |
|   | - morpar occa              | pation 7 oos tale (eee motidotone)   | Employer (eee meadeliere             |        |   |              |
|   | Date<br>12/06/2024         | Full name of contributor out-of-state PAC (ID#:_ Sween, Paul (Mr.)  Contributor address; City; State; Zip Code   |                                      |        | Amount of Contribution (\$)                       | \$1,000.00   |
|   |                            | Paradise Valley, AZ 85253  |                                      |        |   |              |
|   |                            | pation / Job title (See Instructions) aging Partner  | Employer (See Instructions  Dominium | 5)     |   |              |
|   | Date<br>12/30/2024         | Full name of contributor out-of-state PAC (ID#:_ TABA PAC Contributor address; City; State; Zip Code  Leander, TX 78641                                |                                      |        | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions           | )      |   |              |
|   | Date<br>12/29/2024         | Full name of contributor out-of-state PAC (ID#:_ TALAPAC Contributor address; City; State; Zip Code Austin, TX 78759                                   |                                      |        | Amount of Contribution (\$)                       | \$1,500.00   |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions           | 5)     |   |              |
|   |                            |  |                                      |        |   |              |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |                              |   | SCHEDUI   | LE <b>A1</b> |
|---|----------------------------------|---|------------------------------|---|---|--------------|
|   | The Instru                       | ction Guide explains how to complete this f   | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 19/30 Rpt: 23/69 |              |
| 2 | FILER NAME<br>Sparks, Kevi       | in D (The Honorable)  |                              | 3 | Filer ID (Ethics Commission 00085798              | on Filers)   |
| 4 | Date 12/12/2024                  | <ul> <li>Full name of contributor</li></ul>   | )                            | 7 | Amount of Contribution (\$)                       | \$1,000.00   |
| 8 | Principal occu                   | Houston, TX 77002 pation / Job title (See Instructions)   | 9 Employer (See Instructions |   |   |              |
| • | r incipal occu                   | pation / 300 title (See Instructions)   | 3 Employer (See Instructions | ) |   |              |
|   | Date<br>12/12/2024               | Full name of contributor out-of-state PAC (ID#:_ TBA Bank PAC Contributor address; City; State; Zip Code                | )                            |   | Amount of Contribution (\$)                       | \$2,500.00   |
|   | Principal occu                   | Austin, TX 78701 pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |              |
|   |                                  | ,   | . , (                        |   |   |              |
|   | Date<br>12/13/2024               | Full name of contributor out-of-state PAC (ID#:_ TREPAC - Texas Realtor PAC  Contributor address; City; State; Zip Code |                              |   | Amount of Contribution (\$)                       | \$5,000.00   |
|   |                                  | Austin, TX 78768  |                              |   |   |              |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |              |
|   | Date<br>10/01/2024               | Full name of contributor out-of-state PAC (ID#:_ TSA PAC Contributor address; City; State; Zip Code  Austin, TX 78701   |                              |   | Amount of Contribution (\$)                       | \$3,000.00   |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |              |
|   | Date<br>07/25/2024               | Full name of contributor out-of-state PAC (ID#:_ TSCPA PAC Contributor address; City; State; Zip Code Addison, TX 75001 |                              |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |              |
|   |                                  |   |                              |   |   |              |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                           |   | SCHEDUI   | E A1        |
|---|----------------------------|---|-------------------------------|---|---|-------------|
|   | The Instru                 | ction Guide explains how to complete this f   | orm.                          | 1 | Total pages Schedule A1:<br>Sch: 20/30 Rpt: 24/69 |             |
| 2 | FILER NAME<br>Sparks, Kevi | in D (The Honorable)  |                               | 3 | Filer ID (Ethics Commission 00085798              | on Filers)  |
| 4 | Date<br>12/30/2024         | <ul> <li>Full name of contributor</li></ul>   | )                             | 7 | Amount of Contribution (\$)                       | \$500.00    |
| _ | Dein sin al a sau          | Round Rock, TX 78665  | O Frankrije (Ozakasta stira   |   |   |             |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions) | ) |   |             |
|   | Date<br>12/29/2024         | Full name of contributor out-of-state PAC (ID#:_ TXTA TRUCK PAC Contributor address; City; State; Zip Code Austin, TX 75701                             |                               |   | Amount of Contribution (\$)                       | \$1,000.00  |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |             |
|   | Date<br>12/12/2024         | Full name of contributor out-of-state PAC (ID#:_ Tech PAC Contributor address; City; State; Zip Code  Lubbock, TX 79409                                 |                               |   | Amount of Contribution (\$)                       | \$10,000.00 |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |             |
|   | Date<br>11/26/2024         | Full name of contributor out-of-state PAC (ID#:_ Texans for Conservative Leadership PAC Contributor address; City; State; Zip Code Fort Worth, TX 76126 | )                             |   | Amount of Contribution (\$)                       | \$25,000.00 |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |             |
|   | Date<br>10/15/2024         | Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701              | )                             |   | Amount of Contribution (\$)                       | \$15,000.00 |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |             |
|   |                            |   |                               |   |   |             |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |                              | SCHEDULE A1                                       |                             |             |  |
|---|---|---|------------------------------|---|-----------------------------|-------------|--|
|   | The Instruction Guide explains how to complete this form.   |   | 1                            | Total pages Schedule A1:<br>Sch: 21/30 Rpt: 25/69 |                             |             |  |
| 2 | FILER NAME<br>Sparks, Kevin D (The Honorable)   |   | 3                            | Filer ID (Ethics Commission 00085798              | ion Filers)                 |             |  |
| 4 | Date 12/13/2024   |   |                              | 7   | Amount of Contribution (\$) | \$15,000.00 |  |
| _ |   | Austin, TX 78701  |                              |   |                             |             |  |
| 8 | Principal occu  | pation / Job title (See Instructions)   | 9 Employer (See Instructions | )   |                             |             |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  10/28/2024 Texas & Southwestern Cattle Raisers Association  Contributor address; City; State; Zip Code |   |                              | Amount of Contribution (\$)                       | \$5,000.00                  |             |  |
|   | Principal occu  | Fort Worth, TX 76185 pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                             |             |  |
|   | Date<br>12/13/2024  | Full name of contributor out-of-state PAC (ID#:_<br>Texas Aggregates & Concrete Association PAC<br>Contributor address; City; State; Zip Code           | )                            |   | Amount of Contribution (\$) | \$2,500.00  |  |
|   | Principal occu  | Round Rock, TX 78681 pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                             |             |  |
|   | Date<br>10/11/2024  | Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Co-op Council PAC  Contributor address; City; State; Zip Code  Round Rock, TX 78664 |                              |   | Amount of Contribution (\$) | \$1,500.00  |  |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |                             |             |  |
|   | Date<br>12/29/2024  | Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701           |                              |   | Amount of Contribution (\$) | \$3,500.00  |  |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |                             |             |  |
|   |   |   |                              |   |                             |             |  |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |                              | SCHEDULE A1                          |   |            |
|---|---|---|------------------------------|--------------------------------------|---|------------|
|   | The Instru  | ction Guide explains how to complete this f   | orm.                         | 1                                    | Total pages Schedule A1:<br>Sch: 22/30 Rpt: 26/69 |            |
| 2 | FILER NAME Sparks, Kevin D (The Honorable)  |   | 3                            | Filer ID (Ethics Commission 00085798 | on Filers)  |            |
| 4 | Date 11/26/2024   | 11/26/2024 Texas Association for Home Care & Hospice PAC  6 Contributor address; City; State; Zip Code  |                              | 7                                    | Amount of Contribution (\$)                       | \$1,500.00 |
| _ |   | Austin, TX 78759  |                              |                                      |   |            |
| 8 | Principal occu  | pation / Job title (See Instructions)   | 9 Employer (See Instructions | )                                    |   |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Texas Association of Health Plans PAC  Contributor address; City; State; Zip Code  Austin, TX 78701 |   |                              | Amount of Contribution (\$)          | \$2,000.00  |            |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions   | )                                    |   |            |
|   | Date<br>10/01/2024  | Full name of contributor out-of-state PAC (ID#:_<br>Texas Automobile Dealers Association PAC<br>Contributor address; City; State; Zip Code              |                              |                                      | Amount of Contribution (\$)                       | \$2,500.00 |
|   | Principal occu  | Austin, TX 78701 pation / Job title (See Instructions)  | Employer (See Instructions   | )                                    |   |            |
|   |   | ,   |                              |                                      |   |            |
|   | Date<br>10/28/2024  | Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC PAC  Contributor address; City; State; Zip Code  Austin, TX 78701            | )                            |                                      | Amount of Contribution (\$)                       | \$2,500.00 |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions   | )                                    |   |            |
|   | Date<br>12/13/2024  | Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians PAC Contributor address; City; State; Zip Code  Austin, TX 78701 | )                            |                                      | Amount of Contribution (\$)                       | \$1,500.00 |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions   | )                                    |   |            |
|   |   |   |                              |                                      |   |            |

|   | MONETARY POLITICAL CONTRIBUTIONS   |   |                              | SCHEDULE A1                                       |                             |            |
|---|--|---|------------------------------|---|-----------------------------|------------|
|   | The Instruction Guide explains how to complete this form.  |   | 1                            | Total pages Schedule A1:<br>Sch: 23/30 Rpt: 27/69 |                             |            |
| 2 | FILER NAME Sparks, Kevin D (The Honorable)   |   | 3                            | Filer ID (Ethics Commission 00085798              | on Filers)                  |            |
| 4 | Date<br>10/15/2024   |   |                              | 7   | Amount of Contribution (\$) | \$1,000.00 |
| _ | Daine in all account   | Austin, TX 78711  | O Frankrica (Con Instruction |   |                             |            |
| 8 | Principal occu   | pation / Job title (See Instructions)   | 9 Employer (See Instructions | )   |                             |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  11/21/2024 Texas Dental Association PAC  Contributor address; City; State; Zip Code |   |                              | Amount of Contribution (\$)                       | \$1,000.00                  |            |
|   | Principal occu   | Austin, TX 78704 pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                             |            |
|   | Date<br>12/13/2024   | Full name of contributor out-of-state PAC (ID#:_<br>Texas Food & Fuel Association PAC<br>Contributor address; City; State; Zip Code         |                              |   | Amount of Contribution (\$) | \$2,000.00 |
|   | Principal occu   | Austin, TX 78701 pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                             |            |
|   | Date<br>11/21/2024   | Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701 |                              |   | Amount of Contribution (\$) | \$2,500.00 |
|   | Principal occu   | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |                             |            |
|   | Date<br>10/28/2024   | Full name of contributor out-of-state PAC (ID#:_ Texas Nurse PAC Contributor address; City; State; Zip Code  Austin, TX 78759               |                              |   | Amount of Contribution (\$) | \$1,000.00 |
|   | Principal occu   | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |                             |            |
|   |  |   |                              |   |                             |            |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |                               |                             | SCHEDULE A  |            |  |
|---|---|---|-------------------------------|-----------------------------|---|------------|--|
|   | The Instru  | ction Guide explains how to complete this f   | orm.                          | 1                           | Total pages Schedule A1:<br>Sch: 24/30 Rpt: 28/69 |            |  |
| 2 | FILER NAME<br>Sparks, Kevin D (The Honorable)   |   |                               | 3                           | Filer ID (Ethics Commission 00085798              | on Filers) |  |
| 4 | Date<br>10/28/2024  |   |                               | 7                           | Amount of Contribution (\$)                       | \$2,500.00 |  |
| _ |   | Austin, TX 78735  |                               |                             |   |            |  |
| 8 | Principal occu  | pation / Job title (See Instructions)   | 9 Employer (See Instructions) | )                           |   |            |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  12/12/2024 Texas Podiatric Medical Association PAC  Contributor address; City; State; Zip Code |   |                               | Amount of Contribution (\$) | \$1,000.00  |            |  |
|   | Principal occu  | Austin, TX 78701 pation / Job title (See Instructions)  | Employer (See Instructions    | )                           |   |            |  |
|   | Date<br>10/28/2024  | Full name of contributor out-of-state PAC (ID#:_<br>Texas Society of Architects Committee<br>Contributor address; City; State; Zip Code                     | )                             |                             | Amount of Contribution (\$)                       | \$2,500.00 |  |
|   | Principal occu  | Austin, TX 78702 pation / Job title (See Instructions)  | Employer (See Instructions    | <u> </u>                    |   |            |  |
|   | Timolpai occu   | pation / vob title (oce motivations)  | Employer (See manuchons       | ,                           |   |            |  |
|   | Date<br>12/30/2024  | Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Fire Fighters PAC  Contributor address; City; State; Zip Code  Austin, TX 78701 | )                             |                             | Amount of Contribution (\$)                       | \$1,500.00 |  |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions    | )                           |   |            |  |
|   | Date<br>12/29/2024  | Full name of contributor out-of-state PAC (ID#:_ Texas Statewide Telephone Cooperative Inc PA Contributor address; City; State; Zip Code  Austin, TX 78701  | C                             |                             | Amount of Contribution (\$)                       | \$1,000.00 |  |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions    | )                           |   |            |  |
|   |   |   |                               |                             |   |            |  |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |                              |   | SCHEDULE A                  |            |  |
|---|---|---|------------------------------|---|-----------------------------|------------|--|
|   | The Instruction Guide explains how to complete this form.   |   | 1                            | Total pages Schedule A1:<br>Sch: 25/30 Rpt: 29/69 |                             |            |  |
| 2 | FILER NAME<br>Sparks, Kevin D (The Honorable)   |   | 3                            | Filer ID (Ethics Commission 00085798              | on Filers)                  |            |  |
| 4 | 12/13/2024 Texas Towing & Storage Association PAC  6 Contributor address; City; State; Zip Code   |   | 7                            | Amount of Contribution (\$)                       | \$1,000.00                  |            |  |
| _ | <u> </u>  | Spring, TX 77386  |                              |   |                             |            |  |
| 8 | Principal occu  | pation / Job title (See Instructions)   | 9 Employer (See Instructions | )   |                             |            |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  12/30/2024 Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code |   |                              | Amount of Contribution (\$)                       | \$5,000.00                  |            |  |
|   | Principal occu  | Austin, TX 78701 pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                             |            |  |
|   | Date<br>12/13/2024  | Full name of contributor out-of-state PAC (ID#:_<br>Textron PAC<br>Contributor address; City; State; Zip Code                                   |                              |   | Amount of Contribution (\$) | \$1,000.00 |  |
|   | Principal occu  | Providence, RI 02903 pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                             |            |  |
|   | •   | ,   |                              | <u></u>   |                             |            |  |
|   | Date<br>12/06/2024  | Full name of contributor out-of-state PAC (ID#:_<br>The American Electric Power Company<br>Contributor address; City; State; Zip Code           | )                            |   | Amount of Contribution (\$) | \$1,000.00 |  |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |                             |            |  |
|   | Date<br>10/28/2024  | Full name of contributor out-of-state PAC (ID#:_ The US Oncology Network PAC Contributor address; City; State; Zip Code The Woodlands, TX 77380 | )                            |   | Amount of Contribution (\$) | \$1,500.00 |  |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |                             |            |  |
|   |   |   |                              |   |                             |            |  |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |   | SCHEDULE A1                                       |                             |            |
|---|---|---|---|---|-----------------------------|------------|
|   | The Instruction Guide explains how to complete this form.   |   | 1   | Total pages Schedule A1:<br>Sch: 26/30 Rpt: 30/69 |                             |            |
| 2 | FILER NAME<br>Sparks, Kevin D (The Honorable)   |   | 3   | Filer ID (Ethics Commission 00085798              | on Filers)                  |            |
| 4 | 11/21/2024  5 Full name of contributor out-of-state PAC (ID#:) Thomas, Esme  6 Contributor address; City; State; Zip Code           |   | 7   | Amount of Contribution (\$)                       | \$1,000.00                  |            |
| _ | Dringing Lagge  | Austin, TX 78701  | O Francisco (Coo Instructions                   |   |                             |            |
| 8 | Advisor   | pation / Job title (See Instructions)   | 9 Employer (See Instructions<br>Butler Snow     | )   |                             |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Thomas, Georgia (Ms.)  Contributor address; City; State; Zip Code |   |   | Amount of Contribution (\$)                       | \$3,000.00                  |            |
|   | Dringing agg  | Midland, TX 79705   | Employer (See Instructions                      |   |                             |            |
|   | Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions Retired                                    |   | ,   |   |                             |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  10/31/2024 Tomlin, Don (Mr.)  Contributor address; City; State; Zip Code     |   |   | Amount of Contribution (\$)                       | \$5,000.00                  |            |
|   |   | Midland, TX 79705   |   |   |                             |            |
|   | Principal occu<br>Owner   | pation / Job title (See Instructions)   | Employer (See Instructions Big D Petroleum Corp | )   |                             |            |
|   | Date<br>11/26/2024  | Full name of contributor out-of-state PAC (ID#:_ TxANA PAC Contributor address; City; State; Zip Code  Austin, TX 78701               |   |   | Amount of Contribution (\$) | \$1,000.00 |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions                      | )   |                             |            |
|   | Date<br>12/06/2024  | Full name of contributor out-of-state PAC (ID#:_ United Supermarkets PAC Contributor address; City; State; Zip Code Lubbock, TX 79493 | )   |   | Amount of Contribution (\$) | \$2,000.00 |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions                      | )   |                             |            |
|   |   |   |   |   |                             |            |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |   | SCHEDULE A1                                       |                                      |            |
|---|---|---|---|---|--------------------------------------|------------|
|   | The Instruction Guide explains how to complete this form.   |   | 1   | Total pages Schedule A1:<br>Sch: 27/30 Rpt: 31/69 |                                      |            |
| 2 | FILER NAME<br>Sparks, Kev   | FILER NAME Sparks, Kevin D (The Honorable)  |   | 3   | Filer ID (Ethics Commission 00085798 | on Filers) |
| 4 | Date  5 Full name of contributor out-of-state PAC (ID#:)  11/26/2024 Valero PAC  6 Contributor address; City; State; Zip Code |   | 7   | Amount of Contribution (\$)                       | \$2,500.00                           |            |
| _ | Dein ein al. a ann  | San Antonio, TX 78269   | O Frankrije (Ozakastavsti za                          | _   |                                      |            |
| 8 | Principal occu  | pation / Job title (See Instructions)   | 9 Employer (See Instructions                          | 5)  |                                      |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  12/30/2024 Veternarian PAC  Contributor address; City; State; Zip Code |   |   | Amount of Contribution (\$)                       | \$500.00                             |            |
|   | Principal occu  | Austin, TX 78754  upation / Job title (See Instructions)  | Employer (See Instructions                            | <br>  |                                      |            |
|   |   | ,   |   |   |                                      |            |
|   | Date<br>10/31/2024  | Full name of contributor out-of-state PAC (ID#:_ Viney, Shelton (Mr.) Contributor address; City; State; Zip Code                | )   |   | Amount of Contribution (\$)          | \$500.00   |
|   |   | Midland, TX 79706   |   |   |                                      |            |
|   | Principal occu<br>Physician   | ipation / Job title (See Instructions)  | Employer (See Instructions<br>Midland Surgical Associ | •   | s                                    |            |
|   | Date<br>12/13/2024  | Full name of contributor out-of-state PAC (ID#:_ Vista Employee PAC Contributor address; City; State; Zip Code Irving, TX 75039 | )   |   | Amount of Contribution (\$)          | \$1,500.00 |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions                            | 5)  |                                      |            |
|   | Date<br>12/13/2024  | Full name of contributor out-of-state PAC (ID#:_WALPAC  Contributor address; City; State; Zip Code  San Antonio, TX 78247       |   |   | Amount of Contribution (\$)          | \$1,500.00 |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions                            | 5)  |                                      |            |
|   |   |   |   |   |                                      |            |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |  |   | SCHEDULE A1                 |            |  |  |
|---|---|---|--|---|-----------------------------|------------|--|--|
|   | The Instruction Guide explains how to complete this form.   |   | 1  | Total pages Schedule A1:<br>Sch: 28/30 Rpt: 32/69 |                             |            |  |  |
| 2 | FILER NAME Sparks, Kevin D (The Honorable)  |   | 3  | Filer ID (Ethics Commission 00085798              | on Filers)                  |            |  |  |
| 4 | Date<br>09/29/2024  |   |  | 7   | Amount of Contribution (\$) | \$250.00   |  |  |
| _ | Dringing Logg   | Midland, TX 79705   | • Employer (Coo Instructions                         |   |                             |            |  |  |
| 8 | Associate Di  |   | 9 Employer (See Instructions<br>One Accord for Kids  | )   |                             |            |  |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Ware, Richard  Contributor address; City; State; Zip Code |   |  | Amount of Contribution (\$)                       | \$500.00                    |            |  |  |
|   | District  | Amarillo, TX 79105  | Frankrije (Ostalinski statisti                       |   |                             |            |  |  |
|   | Banker  | pation / Job title (See Instructions)   | Employer (See Instructions<br>Amarillo National Bank | )   |                             |            |  |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Ware, William  Contributor address; City; State; Zip Code |   |  | Amount of Contribution (\$)                       | \$500.00                    |            |  |  |
|   |   | Amarillo, TX 79105  |  |   |                             |            |  |  |
|   | Principal occu<br>Banker  | pation / Job title (See Instructions)   | Employer (See Instructions<br>Amarillo National Bank | )   |                             |            |  |  |
|   | Date<br>10/28/2024  | Full name of contributor out-of-state PAC (ID#:_ Weekly, Richard (Mr.)  Contributor address; City; State; Zip Code  Houston, TX 77027 | )  |   | Amount of Contribution (\$) | \$5,000.00 |  |  |
|   | Principal occu<br>Real Estate   | Investments   | Employer (See Instructions<br>Weekly Development     | )   |                             |            |  |  |
|   | Date<br>12/12/2024  | Full name of contributor out-of-state PAC (ID#:_ West, Denzil Contributor address; City; State; Zip Code Midland, TX 79707            | )  |   | Amount of Contribution (\$) | \$500.00   |  |  |
|   | Principal occu<br>CEO   | ipation / Job title (See Instructions)  | Employer (See Instructions<br>Admiral Permian Resou  |   | S                           |            |  |  |
|   |   |   |  |   |                             |            |  |  |

|   | MONETARY POLITICAL CONTRIBUTIONS   |   |                        | SCHEDULE A   |            |   |            |
|---|--|---|------------------------|--|------------|---|------------|
|   | The Instruc  | ction Guide explains how to                                 | complete this forn     | 1.   | 1          | Total pages Schedule A1:<br>Sch: 29/30 Rpt: 33/69 |            |
| 2 | FILER NAME<br>Sparks, Kevi   | n D (The Honorable)   |                        |  | 3          | Filer ID (Ethics Commission 00085798              | on Filers) |
| 4 | Date 10/28/2024  5 Full name of contributor out-of-state PAC (ID#:) White, Travis & Denise  6 Contributor address; City; State; Zip Code |   | 7                      | Amount of Contribution (\$)  | \$1,000.00 |   |            |
| _ | Deire sin al access  | Midland, TX 79701   | In .                   | English (Control to the Control to t |            |   |            |
| 8 | Engineer Ma  | pation / Job title (See Instructions)<br>nager              |                        | Employer (See Instructions<br>Fasken Oil & Ranch   | )          |   |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  10/28/2024 Wilkinson, Jack & Terry  Contributor address; City; State; Zip Code    |   |                        | Amount of Contribution (\$)  | \$1,000.00 |   |            |
|   | Principal occu   | Midland, TX 79710 pation / Job title (See Instructions)     |                        | Employer (See Instructions<br>Self   | )          |   |            |
|   | Date<br>10/28/2024   | Wilkinson, John & Mary  Contributor address; City; State; 2 | out-of-state PAC (ID#: |  |            | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu   | Midland, TX 79707 pation / Job title (See Instructions)     |                        | Employer (See Instructions   | )          |   |            |
|   | General Mar  | nager /Senior Fellow  |                        | Honeywell / UOP  |            |   |            |
|   | Date<br>12/06/2024   | Full name of contributor                                    |                        | )  |            | Amount of Contribution (\$)                       | \$5,000.00 |
|   | Principal occu<br>Oil & Gas / F  | pation / Job title (See Instructions)                       |                        | Employer (See Instructions<br>Self   | )          |   |            |
|   | Date<br>10/14/2024   | Full name of contributor                                    | out-of-state PAC (ID#: | )  |            | Amount of Contribution (\$)                       | \$2,500.00 |
|   | Principal occu<br>Owner  | pation / Job title (See Instructions)                       |                        | Employer (See Instructions<br>Word B Wilson Investme   |            | S   |            |
|   |  |   | •                      |  |            |   |            |

| TARY POLITICAL CONTRIBUTION   | SCHEDULE A1   |  |
|---|---|--|
| ction Guide explains how to complete this f   | 1 Total pages Schedule A1:<br>Sch: 30/30 Rpt: 34/69 |  |
| Priler NAME Sparks, Kevin D (The Honorable)   |   | 3 Filer ID (Ethics Commission Filers) 00085798   |
| 4 Date 12/12/2024  5 Full name of contributor out-of-state PAC (ID#:) Wind stream Holdings II PAC  6 Contributor address; City; State; Zip Code |   | 7 Amount of Contribution (\$) \$1,000.00   |
| Austin, TX 78701  |   |  |
| upation / Job title (See Instructions)  | 9 Employer (See Instructions                        | s)   |
| Date Full name of contributor out-of-state PAC (ID#:)  10/28/2024 Woerndle, Rudolph (Mr.)  Contributor address; City; State; Zip Code           |   | Amount of Contribution (\$) \$300.00   |
| Midland, TX 79701   |   |  |
| upation / Job title (See Instructions)  | Employer (See Instructions<br>Self                  | 5)   |
|   |   |  |
|   | in D (The Honorable)  5 Full name of contributor    | in D (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:) Wind stream Holdings II PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78701  upation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:) Woerndle, Rudolph (Mr.)  Contributor address; City; State; Zip Code  Midland, TX 79701  upation / Job title (See Instructions)  Employer (See Instructions) |

|             |   | ONETARY (IN-KIND) POLITICAI<br>RIBUTIONS                  | L                          |               | SCHEDULE A2  |
|-------------|---|---|----------------------------|---------------|--|
| T           | he Instru   | action Guide explains how to complete this f              | form.                      |               | ages Schedule A2:  |
| 2 [         | ILER NAME   |   |                            |               | 1 Rpt: 35/69 (Ethics Commission Filers)  |
|             |   | ·<br>vin D (The Honorable)                                |                            | 000857        |  |
| 4<br>T      | TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS |   | \$                         | 0.00          |  |
| <b>5</b> D  | ate<br>0/21/2024                                    | <ul> <li>Full name of contributor</li></ul>               |                            |               | of 9 In-kind contribution tition (\$) description 200.00 I Hosted an event at her home |
|             |   | Midland, TX 79710   |                            | Chec          | <br>  k if travel outside of Texas. Complete Schedule T                                |
|             | rincipal occi<br>inergy                             | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON Self  | I-JUDICIAL)   | (See instructions)   |
| <b>12</b> C | ontributor's  | principal occupation (FOR JUDICIAL)                       | 13 Contributor's job title | (FOR JUDIO    | CIAL) (See instructions)   |
| <b>14</b> C | ontributor's  | employer/law firm (FOR JUDICIAL)                          | 15 Law firm of contribute  | or's spouse ( | if any) (FOR JUDICIAL)   |
|             |   |   |                            |               |  |
|             |   |   |                            |               |  |
|             |   |   |                            |               |  |

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Travel in Dis Travel Out o Contract Labor OTHER (ent

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

|   | Credit Card Payment  | The Instruction Guide explains how to complete this form                                    | n.   |
|---|--|---|--|
| 1 | Total pages Schedule F1:<br>Sch: 1/33 Rpt: 36/69           | 2 FILER NAME Sparks, Kevin D (The Honorable)  | 3 Filer ID (Ethics Commission Filers) 00085798   |
| 4 | Date 07/05/2024  | 5 Payee name<br>AT&T  |  |
| 6 | Amount (\$)<br>\$163.95                                    | 7 Payee address; City; State; Zip Code<br>4400 Midland Dr<br>Suite 600<br>Midland, TX 79707 |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | Onice overnedd/Nerital Expense  | travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)                              | Office held<br>State Senator District 31   |
|   | Date<br>08/05/2024   | Payee name<br>AT&T  |  |
|   | Amount (\$)<br>\$164.16                                    | Payee address; City; State; Zip Code<br>4400 Midland Dr<br>Suite 600<br>Midland, TX 79707   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Onice Overrieda/Neritai Experise  | travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)                              | Office held<br>State Senator District 31   |
|   | Date<br>09/05/2024   | Payee name<br>AT&T  |  |
|   | Amount (\$)<br>\$146.19                                    | Payee address; City; State; Zip Code<br>4400 Midland Dr<br>Suite 600<br>Midland, TX 79707   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Office Overficad/Nertial Expense  | travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)                              | Office held<br>State Senator District 31   |
|   |  |   |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment  | The Instruction Guide explains how to comp  | lete this form.  |
|---|--|---|--|
| 1 | Total pages Schedule F1:<br>Sch: 2/33 Rpt: 37/69           | FILER NAME     Sparks, Kevin D (The Honorable)  | 3 Filer ID (Ethics Commission Filers) 00085798   |
| 4 | Date<br>10/04/2024   | 5 Payee name<br>AT&T  |  |
| 6 | Amount (\$)<br>\$146.74                                    | 7 Payee address; City; State; Zip Code<br>4400 Midland Dr<br>Suite 600<br>Midland, TX 79707     |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                                   | Office held State Senator District 31  |
|   | Date<br>11/05/2024   | Payee name<br>AT&T  |  |
|   | Amount (\$)<br>\$146.78                                    | Payee address; City; State; Zip Code<br>4400 Midland Dr<br>Suite 600<br>Midland, TX 79707       |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Expense |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                                   | Office held State Senator District 31  |
|   | Date<br>12/04/2024   | Payee name<br>AT&T  |  |
|   | Amount (\$)<br>\$181.90                                    | Payee address; City; State; Zip Code<br>4400 Midland Dr<br>Suite 600<br>Midland, TX 79707       |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Expense |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                                   | Office held State Senator District 31  |
|   |  |   |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

|   | Credit Card F ayment                                | The Instruction Guide explains how to complete                         | e this form.   |
|---|---|--|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 3/33 Rpt: 38/69                                | Sparks, Kevin D (The Honorable)  | 00085798   |
| 4 | Date  | 5 Payee name   |  |
|   | 10/15/2024  | Amarillo Chamber   |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                                 |  |
|   | \$150.00  | 1000 S Polk S  |  |
|   |   | Amarillo, TX 79101   |  |
| 8 | PURPOSE   |  |  |
| 0 | OF  | (a) Category (See Categories listed at the top of this schedule)  Fees | Description Check if travel outside of Texas. Complete Schedule T.                                       |
|   | EXPENDITURE   |  | Check if Austin, TX, officeholder living expense   |
|   |   |  | Fees   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                              | Office held  |
| • | expenditure to benefit C/OI                         |  | State Senator District 31  |
|   | Date  | Payee name   |  |
|   | 09/29/2024  | Anedot Inc   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                   |  |
|   | \$10.30   | 1340 Poydras St  |  |
|   |   | Suite 1770   |  |
|   |   | New Orleans, LA 70112  |  |
|   | PURPOSE<br>OF                                       |  | Description  |
|   | EXPENDITURE   | Fees   L   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  | Fees   |
|   |   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                              | Office held  |
|   | -   | Sparks, Reviii (Mir.)  | State Senator District 31  |
|   | Date<br>10/14/2024                                  | Payee name Anedot Inc  |  |
|   |   |  |  |
|   | Amount (\$) \$100.30                                | Payee address; City; State; Zip Code 1340 Poydras St                   |  |
|   | 4100.00   | Suite 1770   |  |
|   |   | New Orleans, LA 70112  |  |
|   | PURPOSE   |  | Description  |
|   | OF<br>EXPENDITURE                                   | Fees   | Check if travel outside of Texas. Complete Schedule T.   |
|   |   |  | Check if Austin, TX, officeholder living expense   |
|   |   |  |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                              | Office held  |
|   | expenditure to benefit C/OI                         |  | State Senator District 31  |
| _ |   |  |  |
|   |   |  |  |

### SCHEDULE F1

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officenoider/Politica<br>Credit Card Payment    | The Instruction Guide explains how to con   | -    | te this form.   |
|---|---|---|------|---|
| 1 | Total pages Schedule F1:<br>Sch: 4/33 Rpt: 39/69          | 2 FILER NAME Sparks, Kevin D (The Honorable)  |      | 3 Filer ID (Ethics Commission Filers) 00085798  |
| 4 | Date 10/23/2024   | 5 Payee name<br>Anedot Inc  |      |   |
| 6 | Amount (\$)<br>\$40.30                                    | 7 Payee address; City; State; Zip Coo<br>1340 Poydras St<br>Suite 1770<br>New Orleans, LA 70112 | ek   |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Fees                          | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug   | jht  | Office held<br>State Senator District 31  |
|   | Date<br>10/24/2024  | Payee name<br>Anedot Inc  |      |   |
|   | Amount (\$)<br>\$10.30                                    | Payee address; City; State; Zip Coo<br>1340 Poydras St<br>Suite 1770<br>New Orleans, LA 70112   | e et |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Fees                          | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office soug   | jht  | Office held<br>State Senator District 31  |
|   | Date<br>10/25/2024  | Payee name<br>Anedot Inc  |      |   |
|   | Amount (\$)<br>\$100.30                                   | Payee address; City; State; Zip Coo<br>1340 Poydras St<br>Suite 1770<br>New Orleans, LA 70112   | ək   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Fees                          | (b)  | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees    |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office soug<br>Sparks, Kevin (Mr.)                                  | jht  | Office held<br>State Senator District 31  |
|   |   |   |      |   |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made ByEvent Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:<br>Sch: 5/33 Rpt: 40/69   | 2 FILER NAME Sparks, Kevin D (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085798   |
| 4 Date<br>12/06/2024   | 5 Payee name Anedot Inc   |
| 6 Amount (\$)<br>\$40.30   | 7 Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/Ol                              | Candidate/Officeholder name Office sought Office held Sparks, Kevin (Mr.) State Senator District 31   |
| Date<br>12/06/2024   | Payee name<br>Anedot Inc  |
| Amount (\$)<br>\$40.30   | Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112   |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held Sparks, Kevin (Mr.) State Senator District 31   |
| Date<br>12/11/2024   | Payee name<br>Anedot Inc  |
| Amount (\$)<br>\$200.30  | Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112   |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                 | Candidate/Officeholder name Office sought Office held Sparks, Kevin (Mr.) State Senator District 31   |
|  |   |

### SCHEDULE F1

**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

Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment                                | The Instruction Guide explains how to complete  | e this form.  |  |  |  |
|---|--|---|---|--|--|--|
| 1 | Total pages Schedule F1:<br>Sch: 6/33 Rpt: 41/69   | FILER NAME<br>Sparks, Kevin D (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00085798  |  |  |  |
| 4 | Date<br>12/12/2024                                 | Payee name<br>Anedot Inc  | 1   |  |  |  |
|   | Amount (\$)<br>\$20.30                             | Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112 |   |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | Fees  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Eees |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                         | Office held<br>State Senator District 31  |  |  |  |
|   | Date<br>12/12/2024                                 | Payee name<br>Anedot Inc  |   |  |  |  |
|   | Amount (\$)<br>\$400.30                            | Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112 |   |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | Fees  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                         | Office held<br>State Senator District 31  |  |  |  |
|   | Date 12/13/2024                                    | Payee name<br>Anedot Inc  |   |  |  |  |
|   | Amount (\$)<br>\$40.30                             | Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112 |   |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | Fees  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                         | Office held<br>State Senator District 31  |  |  |  |
|   |  |   |   |  |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to comp  |   | ,  |
|---|--|---|---|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 7/33 Rpt: 42/69                                   | Sparks, Kevin D (The Honorable)   |   | 00085798   |
| 4 | Date   | 5 Payee name  |   | <u> </u>   |
|   | 11/01/2024   | Canva   |   |  |
| 6 | Amount (\$)<br>\$87.00                                 | 7 Payee address; City; State; Zip Code<br>200 E 6th Street Austin, TX 79701       |   |  |
| 8 | PURPOSE  |   |   | escription   |
|   | OF<br>EXPENDITURE                                      | Printing Expense  |   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense inting                   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought   | t | Office held  |
|   | expenditure to benefit C/OI                            | T Sparks, Kevin (Mr.)   |   | State Senator District 31  |
| _ | Date   | Payee name  |   |  |
|   | 12/09/2024   | Canva   |   |  |
|   | Amount (\$)<br>\$335.00                                | Payee address; City; State; Zip Code 200 E 6th Street                             |   |  |
|   |  | Austin, TX 79701  |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule) Printing Expense |   | escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense inting        |
|   | Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)                    | t | Office held<br>State Senator District 31   |
|   | Date   | Payee name  |   |  |
|   | 10/30/2024   | Cherry, Amelia  |   |  |
|   | Amount (\$)<br>\$1,343.00                              | Payee address; City; State; Zip Code<br>2606 Lockheed Dr                          |   |  |
|   |  | Midland, TX 79701   |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Event Expense   |   | escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense vent Services |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                     | t | Office held<br>State Senator District 31   |
| _ |  |   |   |  |

#### SCHEDULE F1

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee                                 | Gift/Awards/Memorials Expe<br>Legal Services  The Instruction Guide | Salarie             |       | es/Contract Labor            |        | Travel Out of Dis<br>OTHER (enter a     | strict<br>category not listed above) |
|---|--|---|---|---------------------|-------|------------------------------|--------|---|--------------------------------------|
| 1 | Total pages Schedule F1:   | 2 EII ED NIANAE                             |   |                     |       |                              | 2      | Filer ID                                | (Ethics Commission Filers)           |
| • | Sch: 8/33 Rpt: 43/69   |   | :<br>vin D (The Honorab   | ole)                |       |                              |        | 00085798                                | (Euros Commissión Filcis)            |
| 4 | Date   | 5 Payee name                                | _   | _                   |       | _                            | _      |   |                                      |
|   | 09/23/2024   | Chevron                                     |   |                     |       |                              |        |   |                                      |
| 6 | Amount (\$)<br>\$14.00   | 7 Payee addres<br>3210 N Gar<br>Midland, TX | field St  | State; Zip (        | Code  |                              |        |   |                                      |
| 8 | PURPOSE  | (a) Category (Se                            | ee Categories listed at the to                                      | p of this schedule) | (b)   | Description                  |        |   |                                      |
|   | OF<br>EXPENDITURE  | Travel In Di                                |   |                     |       |                              |        | de of Texas. Com<br>officeholder living | •                                    |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh  |   | ceholder name   | Office s            | ought | :                            |        | Office he                               | eld                                  |
|   | Date   | Payee name                                  |   |                     |       |                              |        |   |                                      |
|   | 10/09/2024   | Chevron                                     |   |                     |       |                              |        |   |                                      |
|   | Amount (\$)  | Payee addres                                | ss; City;   | State; Zip (        | Code  |                              |        |   |                                      |
|   | \$12.00  | 3210 N Gar                                  | field St  |                     |       |                              |        |   |                                      |
|   | DUDDOCT  | Midland, TX                                 |   |                     | 100   |                              |        |   |                                      |
|   | PURPOSE<br>OF  |   | ee Categories listed at the to                                      | p of this schedule) | (a)   | Description  Check if travel | Olite: | de of Texas. Com                        | nlata Schadula T                     |
|   | EXPENDITURE  | Travel In Di                                | Strict  |                     |       | <b>=</b>                     |        | de of Texas. Com                        |                                      |
|   | Complete ONLY if direct expenditure to benefit C/Oh  |   | ceholder name   | Office s            | ought |                              |        | Office he                               | eld                                  |
|   | Date   | Payee name                                  |   |                     |       |                              |        |   |                                      |
|   | 12/17/2024   | Chevron                                     |   |                     |       |                              |        |   |                                      |
|   | Amount (\$)  | Payee addres                                | ss; City;   | State; Zip (        | Code  |                              |        |   |                                      |
|   | \$14.00  | 3210 N Gar                                  |   |                     |       |                              |        |   |                                      |
|   |  | Midland, TX                                 | 79705   |                     |       |                              |        |   |                                      |
|   | PURPOSE<br>OF  |   | ee Categories listed at the to                                      | p of this schedule) | (b)   | Description                  |        |   |                                      |
|   | EXPENDITURE  | Travel In Di                                | strict  |                     |       | <b>=</b>                     |        | de of Texas. Com                        |                                      |
|   |  |   |   |                     |       | Travel                       | i, IX, | officeholder living                     | expense                              |
|   | Complete ONLY if direct expenditure to benefit C/OF  |   | ceholder name   | Office s            | ought |                              |        | Office he                               | eld                                  |
|   |  |   |   |                     |       |                              |        |   |                                      |
| _ | –  | 1 6   |   |                     |       |                              |        |   |                                      |

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to con                        | •        | ete this form.   |
|---|---|--|----------|--|
| 1 | Total pages Schedule F1:                            | •  | -        | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 9/33 Rpt: 44/69                                | Sparks, Kevin D (The Honorable)                                  | 00085798 |  |
| 4 | Date  | 5 Payee name   |          |  |
|   | 09/05/2024  | City of Midland  |          |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Coo                            | de       |  |
|   | \$34.00   | 300 N Loraine  |          |  |
|   |   |  |          |  |
|   |   | Midland, TX 79701  |          |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)      | Description  |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense                                   |          | Check if travel outside of Texas. Complete Schedule T.   |
|   |   |  |          | Check if Austin, TX, officeholder living expense Office Expense  |
|   |   |  |          | Office Expense   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office soug                          | ht       | Office held  |
| ľ | expenditure to benefit C/O                          |  | ,        | State Senator District 31  |
| - | Date  | Payee name   |          |  |
|   | 10/09/2024  | Crumbl Cookie  |          |  |
| _ | Amount (\$)   | Payee address; City; State; Zip Coo                              | 40       |  |
|   | \$58.78   | 4400 N Midland Dr  | iC.      |  |
|   | Ψ30.70  | Ste 501  |          |  |
|   |   | Midland, TX 79705  |          |  |
|   | PURPOSE   |  | (h)      |  |
|   | OF  | ,  | (u)      | Description  Check if travel outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE   | Food/Beverage Expense  |          | Check if Austin, TX, officeholder living expense   |
|   |   |  |          | Office Expense   |
|   |   |  |          |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug                          | ght      | Office held  |
|   | experientare to benefit 6/61                        | Sparks, Kevin (Mr.)  |          | State Senator District 31  |
|   | Date  | Payee name   |          |  |
|   | 11/12/2024  | Cumberland Farms   |          |  |
|   | Amount (\$)   | Payee address; City; State; Zip Coo                              | de       |  |
|   | \$44.64   | 2301 W SR-390  |          |  |
|   |   |  |          |  |
|   |   | Lynn Haven, FL 32444   |          |  |
|   | PURPOSE   | ,  | (b)      | Description  |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |          | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  |          | Travel   |
|   |   |  |          |  |
| - | Complete ONLY if direct                             | Candidate/Officeholder name Office soug                          | ht       | Office held  |
|   | expenditure to benefit C/OI                         | ~  |          | State Senator District 31  |
|   |   | <u> </u>   |          |  |
|   |   |  |          |  |
| ı |   |  |          |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment                                 | The Instruction Guide explains how to co                         | omple                                 | ete this form.  |
|---|---|--|---------------------------------------|---|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers) |   |
|   | Sch: 10/33 Rpt: 45/69                               | Sparks, Kevin D (The Honorable)                                  | 00085798                              |   |
| 4 | Date  | 5 Payee name   |                                       | -   |
|   | 11/04/2024  | Dallas, John   |                                       |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip C                              | ode                                   |   |
|   | \$482.15  | 311 Hazeltine Dr   |                                       |   |
|   |   |  |                                       |   |
|   |   | Lakeway, TX 78734  |                                       |   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)                                   | Description   |
|   | OF<br>EXPENDITURE                                   | Loan Repayment/Reimbursement                                     |                                       | Check if travel outside of Texas. Complete Schedule T.              |
|   | EXPENDITORE   |  |                                       | Check if Austin, TX, officeholder living expense                    |
|   |   |  |                                       | Event Reimbursement   |
| _ | Operation ONLY if dispose                           | Overdidate (Office hadden a see                                  |                                       | Office hold   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soil                          | ugnt                                  | Office held   |
|   |   |  |                                       |   |
|   | Date  | Payee name   |                                       |   |
|   | 10/22/2024  | Dillards   |                                       |   |
|   | Amount (\$)   | Payee address; City; State; Zip C                                | ode                                   |   |
|   | \$38.97   | 4511 N Midkiff Rd  |                                       |   |
|   |   |  |                                       |   |
|   |   | Midland, TX 79705  |                                       |   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)                                   | Description   |
|   | OF<br>EXPENDITURE                                   | Event Expense  |                                       | Check if travel outside of Texas. Complete Schedule T.              |
|   |   |  |                                       | Check if Austin, TX, officeholder living expense  Event             |
|   |   |  |                                       | 2.0.10  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office soi                           | <u>l</u><br>uaht                      | Office held   |
|   | expenditure to benefit C/OI                         |  | 3                                     | State Senator District 31   |
|   | Date  | Payee name   |                                       |   |
|   | 10/16/2024  | Ector County Odessa  |                                       |   |
|   | Amount (\$)   | Payee address; City; State; Zip Ci                               | ode                                   |   |
|   | \$60.00   | BO Box 14537   | oue                                   |   |
|   | Ψ00.00  | DO BOX 14307   |                                       |   |
|   |   | Odessa, TX 79768   |                                       |   |
|   |   |  | 1                                     |   |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) | (b)                                   | Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE   | Fees   |                                       | Check if Austin, TX, officeholder living expense                    |
|   |   |  |                                       | Fees  |
|   |   |  |                                       |   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office so                            | ught                                  | Office held   |
|   | expenditure to benefit C/OI                         | <sup>†</sup> Sparks, Kevin (Mr.)                                 |                                       | State Senator District 31   |
| _ |   |  |                                       |   |
|   |   |  |                                       |   |

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 11/33 Rpt: 46/69                                  | Sparks, Kevin D (The Honorable) 00085798   |
| 4 | Date   | 5 Payee name   |
|   | 12/02/2024   | Fed Ex   |
| 6 | Amount (\$)<br>\$37.01                                 | 7 Payee address; City; State; Zip Code 4612 Billingsley Blvd Ste 40 Midland, TX 79705  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Printing                   |
| 9 | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held  H Sparks, Kevin (Mr.) State Senator District 31   |
|   |  | State Seriator District ST   |
|   | Date   | Payee name   |
|   | 12/10/2024   | Fisher, Mattie   |
|   | Amount (\$)<br>\$78.44                                 | Payee address; City; State; Zip Code 5401 E Parmer Ln Apt 217 Austin, TX 78754   |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 07/01/2024   | Google   |
|   | Amount (\$) \$79.01                                    | Payee address; City; State; Zip Code<br>901 Cherry Ave   |
|   |  | San Bruno, CA 94066  |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Advertising            |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held  |
|   |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |   |                | Food/Beverage Expense<br>Gift/Awards/Memorials Ex<br>Legal Services<br>The Instruction Guid | xpense           |             | pense<br>ages/Contrac |          | Tra      | avel in District<br>avel Out of Dis<br>HER (enter a |                                | nove)        |
|--|---|----------------|---|------------------|-------------|-----------------------|----------|----------|---|--------------------------------|--------------|
| 1  | Total pages Schedule F1:                            | 2 FILER NAM    | IE .  |                  |             |                       |          | 3 File   | er ID   | (Ethics Commiss                | ion Filers)  |
|  | Sch: 12/33 Rpt: 47/69                               | Sparks, Ke     | evin D (The Honora  | able)            |             |                       | _        | 00       | 0085798   |                                |              |
| 4  | Date  | 5 Payee name   | e   |                  |             |                       |          |          |   |                                |              |
|  | 08/01/2024  | Google         |   |                  |             |                       |          |          |   |                                |              |
| 6  | Amount (\$)   | 7 Payee addr   | ess; City;  | State;           | Zip Coo     | ie et                 |          |          |   |                                |              |
|  | \$79.01   | 901 Cherry     | y Ave   |                  |             |                       |          |          |   |                                |              |
|  |   | _              | _, -  |                  |             |                       |          |          |   |                                |              |
| Ļ  |   |                | o, CA 94066   |                  |             | 7                     |          |          |   |                                |              |
| 8  | PURPOSE<br>OF                                       |                | See Categories listed at the  | top of this sche | edule)      | (b) Descr             | •        | uteido - | f Teyas Com   | plete Schedule T.              |              |
|  | EXPENDITURE   | Advertisino    | y ⊏xpense   |                  |             |                       |          |          | r rexas. Comp<br>ceholder living                    |                                |              |
|  |   |                |   |                  |             | Adve                  | rtising  |          |   |                                |              |
|  |   |                |   |                  |             |                       |          |          |   |                                |              |
| 9  | Complete ONLY if direct expenditure to benefit C/Oh |                | fficeholder name  | 0                | Office soug | jht                   |          |          | Office he   | eld                            |              |
|  | Date  | Payee name     | e   |                  |             |                       |          |          |   |                                |              |
|  | 09/03/2024  | Google         |   |                  |             |                       |          |          |   |                                |              |
|  | Amount (\$)   | Payee addr     | •   | State;           | Zip Coo     | ie e                  |          |          |   |                                |              |
|  | \$79.01   | 901 Cherry     | y Ave   |                  |             |                       |          |          |   |                                |              |
|  |   |                |   |                  |             |                       |          |          |   |                                |              |
|  |   | San Bruno      | o, CA 94066   |                  |             |                       |          |          |   | -                              |              |
|  | PURPOSE<br>OF                                       |                | See Categories listed at the  | top of this sche | edule)      | (b) Descr             |          | uutoide  | f Tower Or  | alata Cabadula T               |              |
|  | EXPENDITURE   | Advertisinç    | g Expense   |                  |             |                       |          |          | of Texas. Comp<br>ceholder living                   | plete Schedule T.<br>J expense |              |
|  |   |                |   |                  |             |                       | rtising  |          | ·   |                                |              |
| L  |   |                |   |                  |             |                       |          |          |   |                                |              |
|  | Complete ONLY if direct expenditure to benefit C/Oh |                | fficeholder name  | 0                | Office soug | jht                   |          |          | Office he   | eld                            |              |
|  | Date  | Pavee name     | <del></del>   |                  |             |                       |          |          |   |                                |              |
|  | 10/01/2024  | Google         | ~   |                  |             |                       |          |          |   |                                |              |
|  | Amount (\$)   | Payee addre    | ess; City;  | State:           | Zip Cod     | le                    |          |          |   |                                |              |
|  | \$79.01   | 901 Cherry     |   | Juic,            | , 000       | -                     |          |          |   |                                |              |
|  | , 5.5.2   |                |   |                  |             |                       |          |          |   |                                |              |
|  |   | San Bruno      | o, CA 94066   | _                | _           | _                     | _        | _        | _   |                                |              |
|  | PURPOSE   | (a) Category ( | See Categories listed at the  | top of this sche | edule)      | (b) Descr             |          |          |   |                                | _            |
|  | OF<br>EXPENDITURE                                   | Advertisino    | g Expense   |                  |             |                       |          |          | of Texas. Comp<br>ceholder living                   | plete Schedule T.              |              |
|  |   |                |   |                  |             |                       | ertising | IA, UIII | centituel livilly                                   | , expense                      |              |
|  |   |                |   |                  |             |                       | 3        |          |   |                                |              |
|  | Complete ONLY if direct                             |                | fficeholder name  | 0                | Office soug | ıht                   |          |          | Office he   | eld .                          |              |
|  | expenditure to benefit C/OH                         | 4              |   |                  |             |                       |          |          |   |                                |              |
|  |   |                |   |                  |             |                       |          |          |   |                                |              |
|  |   |                |   |                  |             |                       |          |          |   |                                |              |
|  |   |                |   |                  |             |                       |          |          |   |                                | 2 - 00-10001 |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | I 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 F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |  |
|          | Sch: 13/33 Rpt: 48/69                                  | Sparks, Kevin D (The Honorable) 00085798  |  |  |  |  |  |
| 4        | Date   | 5 Payee name  |  |  |  |  |  |
|          | 11/01/2024   | Google  |  |  |  |  |  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |
|          | \$79.01  | 901 Cherry Ave  |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  | San Bruno, CA 94066   |  |  |  |  |  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense   |  |  |  |  |  |
|          |  | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |
|          |  | Advertising   |  |  |  |  |  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
| 9        | expenditure to benefit C/O                             |   |  |  |  |  |  |
| $\vdash$ | Date   | Davies same   |  |  |  |  |  |
|          |  | Payee name  |  |  |  |  |  |
|          | 12/02/2024   | Google  |  |  |  |  |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|          | \$79.01  | 901 Cherry Ave  |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  | San Bruno, CA 94066   |  |  |  |  |  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |  |  |  |  |  |
|          |  | Check if Austin, TX, officeholder living expense  Advertising   |  |  |  |  |  |
|          |  | Advertising   |  |  |  |  |  |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|          | expenditure to benefit C/O                             |   |  |  |  |  |  |
| _        | Date   | Dougo nomo  |  |  |  |  |  |
|          | 08/26/2024   | Payee name HEB  |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
|          | \$9.58   | 3325 W Wadley Ave   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  | Midland, TX 79707   |  |  |  |  |  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |  |  |  |  |  |
|          |  | Check if Austin, TX, officeholder living expense Office Expense   |  |  |  |  |  |
|          |  | Office Experise   |  |  |  |  |  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
|          | expenditure to benefit C/O                             |   |  |  |  |  |  |
| $\vdash$ |  |   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |
|          |  |   |  |  |  |  |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete thi                       | is form.   |
|---|---|--|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                              |
|   | Sch: 14/33 Rpt: 49/69                               | Sparks, Kevin D (The Honorable)  | 00085798   |
| 4 | Date  | 5 Payee name   |  |
|   | 10/09/2024  | HEB  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                                   |  |
|   | \$168.99  | 3325 W Wadley Ave  |  |
|   |   | ,  |  |
|   |   | Midland, TX 79705  |  |
| 8 | PURPOSE   |  | ovintion   |
| ľ | OF  | , _  | Cription Check if travel outside of Texas. Complete Schedule T.    |
|   | EXPENDITURE   |  | Check if Austin, TX, officeholder living expense                   |
|   |   | Eve  | ent  |
|   |   |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                                | Office held  |
|   | experialitire to beliefit C/OI                      | Sparks, Kevin (Mr.)  | State Senator District 31  |
|   | Date  | Payee name   |  |
|   | 10/22/2024  | HEB  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                     |  |
|   | \$49.80   | 3325 W Wadley Ave  |  |
|   |   |  |  |
|   |   | Midland, TX 79705  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Des | cription   |
|   | OF<br>EXPENDITURE                                   | Event Expense  | Check if travel outside of Texas. Complete Schedule T.             |
|   |   |  | Check if Austin, TX, officeholder living expense                   |
|   |   | Lve  | in Expense   |
| _ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                                | Office held  |
|   | expenditure to benefit C/OI                         |  | State Senator District 31  |
| _ | Date  |  |  |
|   | 09/12/2024  | Payee name<br>Hankins, Ken   |  |
|   |   |  |  |
|   | Amount (\$) \$4,381.44                              | Payee address; City; State; Zip Code<br>804 Canonero Cir                 |  |
|   | Ψ4,501.44   | 004 Carlonero Cii  |  |
|   |   | Midland TV 7070F   |  |
|   |   | Midland, TX 79705  |  |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Des | cription<br>Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE   | Loan Repayment Relimbarsement  | Check if Austin, TX, officeholder living expense                   |
|   |   | Rei  | mbursement   |
|   |   |  |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                                | Office held  |
|   | expenditure to benefit C/OI                         | 1  |  |
|   |   |  |  |
|   |   |  |  |
| 1 |   |  |  |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | 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 F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |
|   | Sch: 15/33 Rpt: 50/69                                  | Sparks, Kevin D (The Honorable) 00085798  |  |  |  |  |
| 4 | Date   | 5 Payee name  |  |  |  |  |
|   | 12/30/2024   | High Plains REpublican Women  |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$60.00  | PO Box 19003  |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | Amarillo, TX 79114  |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
|   | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  Fees  |  |  |  |  |
|   |  | 1 663   |  |  |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
| 9 | expenditure to benefit C/O                             |   |  |  |  |  |
|   |  |   |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |
|   | 08/16/2024   | MRT Media Group   |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$39.97  | 201 E. Illinois   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | Midland, TX 79701   |  |  |  |  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                     |  |  |  |  |
|   |  | Office Expense  |  |  |  |  |
|   |  | Cinio Expones   |  |  |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
|   | expenditure to benefit C/OH                            |   |  |  |  |  |
|   | Data   |   |  |  |  |  |
|   | Date<br>09/04/2024                                     | Payee name  |  |  |  |  |
|   |  | MRT Media Group   |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$16.00  | 201 E. Illinois   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | Midland, TX 79701   |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  |  |  |  |  |
|   |  | Office Expense  |  |  |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office cought Office hold   |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held  Sparks Kevin (Mr.)  State Senator District 31  |  |  |  |  |
|   | Sparks, Kevin (Mr.)  State Senator District 31         |   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  |   |  |  |  |  |

### SCHEDULE F1

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

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

|   | Credit Card Payment         | The Instruction Guide explains how to comp                           | lete this form.    |       |                     |                            |
|---|-----------------------------|--|--------------------|-------|---------------------|----------------------------|
| 1 | Total pages Schedule F1:    | 2 FILER NAME   |                    | 3     | Filer ID            | (Ethics Commission Filers) |
|   | Sch: 16/33 Rpt: 51/69       | Sparks, Kevin D (The Honorable)                                      |                    |       | 00085798            |                            |
| 4 | Date                        | 5 Payee name   |                    |       |                     |                            |
|   | 10/02/2024                  | MRT Media Group  |                    |       |                     |                            |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code                               |                    |       |                     |                            |
|   | \$16.00                     | 201 E. Illinois  |                    |       |                     |                            |
|   |                             |  |                    |       |                     |                            |
|   |                             | Midland, TX 79701  |                    |       |                     |                            |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) | Description        | ı     |                     |                            |
|   | OF<br>EXPENDITURE           | Office Overhead/Rental Expense                                       |                    |       |                     | plete Schedule T.          |
|   |                             |  | Office Exp         |       | officeholder living | g expense                  |
|   |                             |  | Office Exp         | pense |                     |                            |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | ·                  |       | Office he           | 5l4                        |
| Ĭ | expenditure to benefit C/O  |  | •                  |       |                     | enator District 31         |
| F | Date                        | Payas nama   |                    |       |                     |                            |
|   | 10/30/2024                  | Payee name<br>MRT Media Group  |                    |       |                     |                            |
|   | Amount (\$)                 | Payee address; City; State; Zip Code                                 |                    |       |                     |                            |
|   | \$21.00                     | 201 E. Illinois  |                    |       |                     |                            |
|   | Ψ21.00                      | ZOI L. IIIIIOIS  |                    |       |                     |                            |
|   |                             | Midland TV 70701   |                    |       |                     |                            |
|   | DUDD005                     | Midland, TX 79701  |                    |       |                     |                            |
|   | PURPOSE<br>OF               | , -  | Description        |       | de of Teyas, Com    | plete Schedule T.          |
|   | EXPENDITURE                 | Office Overhead/Rental Expense                                       | ш                  |       | officeholder living |                            |
|   |                             |  | Office Exp         | pense |                     |                            |
|   |                             |  |                    |       |                     |                            |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | į                  |       | Office he           |                            |
|   | expenditure to benefit C/OI | Sparks, Kevin (Mr.)  |                    |       | State S             | enator District 31         |
|   | Date                        | Payee name   |                    |       |                     |                            |
|   | 11/27/2024                  | MRT Media Group  |                    |       |                     |                            |
|   | Amount (\$)                 | Payee address; City; State; Zip Code                                 |                    |       |                     |                            |
|   | \$16.00                     | 201 E. Illinois  |                    |       |                     |                            |
|   |                             |  |                    |       |                     |                            |
|   |                             | Midland, TX 79701  |                    |       |                     |                            |
| Γ | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) | <b>Description</b> | 1     |                     |                            |
|   | OF<br>EXPENDITURE           | Office Overhead/Rental Expense                                       |                    |       |                     | plete Schedule T.          |
|   |                             |  |                    |       | officeholder living | g expense                  |
|   |                             |  | Office Exp         | pense |                     |                            |
| L | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | •                  |       | Office he           | 7l4                        |
|   | expenditure to benefit C/O  | - · · · · · · · · · · · · · · · · · · ·                              |                    |       |                     | enator District 31         |
|   |                             | Cpano, norm (mn)   |                    |       |                     | 5                          |
|   |                             |  |                    |       |                     |                            |
|   |                             |  |                    |       |                     |                            |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I 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 F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 17/33 Rpt: 52/69                                  | Sparks, Kevin D (The Honorable) 00085798  |
| 4 | Date   | 5 Payee name  |
|   | 10/08/2024   | Moxley, Carter  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$108.24   | 1100 Congress Ave   |
|   |  |   |
|   |  | Austin, TX 78701  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                         |
|   |  | Reimbursement   |
|   |  |   |
| 9 | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 07/18/2024   | OHMS Cafe   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$144.16   | 619 S Tyler St  |
|   |  |   |
|   |  | Amarillo, TX 79101  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  Office Expense  |
|   |  | Cinico Experior   |
| ┝ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             | - · · · · · · · · · · · · · · · · · · ·   |
| ⊨ |  |   |
|   | Date   | Payee name  |
|   | 10/08/2024   | Parker, Shannon   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$418.00   | 620 S. Taylor St  |
|   |  | Suite 203   |
|   |  | Amarillo, TX 79119  |
| H | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF   | Loan Repayment/Reimbursement  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|   |  | Reimbursement   |
| L |  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
| L | experience to beliefft G/O                             | ·   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

|   | Credit Card Payment                                 |          | The Instruction Guide explains how to co                     | mple    | ete this form.   |
|---|---|----------|--|---------|--|
| 1 | Total pages Schedule F1:                            | 2        | FILER NAME   |         | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 18/33 Rpt: 53/69                               |          | Sparks, Kevin D (The Honorable)                              |         | 00085798   |
| 4 | Date  | 5        | Payee name   |         |  |
|   | 12/24/2024  |          | Parker, Shannon  |         |  |
| 6 | Amount (\$)   | 7        | Payee address; City; State; Zip Co                           | de      |  |
|   | \$106.00  |          | 620 S. Taylor St   |         |  |
|   |   |          | Suite 203  |         |  |
|   |   |          | Amarillo, TX 79119   |         |  |
| 8 | PURPOSE   | (a)      | Category (See Categories listed at the top of this schedule) | (b)     | Description  |
|   | OF<br>EXPENDITURE                                   |          | Loan Repayment/Reimbursement                                 |         | Check if travel outside of Texas. Complete Schedule T.   |
|   | LAFLINDITORL  |          |  |         | Check if Austin, TX, officeholder living expense   |
|   |   |          |  |         | Reimbursement  |
| _ | Commists ONII V if diseast                          | <u> </u> | Condidate /Office helder reces                               | au la 4 | Office hold  |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol |          | Candidate/Officeholder name Office sou                       | gnı     | Office held  |
| _ |   | _        |  |         |  |
|   | Date  |          | Payee name   |         |  |
|   | 07/08/2024  |          | Paychex  |         |  |
|   | Amount (\$)   |          | Payee address; City; State; Zip Co                           | de      |  |
|   | \$229.66  |          | 911 Panorama Tr South  |         |  |
|   |   |          |  |         |  |
|   |   |          | Rochester, NY 14625  |         |  |
|   | PURPOSE   | (a)      | Category (See Categories listed at the top of this schedule) | (b)     | Description  |
|   | OF<br>EXPENDITURE                                   |          | Salaries/Wages/Contract Labor                                |         | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |          |  |         | Payroll Expense  |
|   |   |          |  |         | Taylor Experies  |
| - | Complete ONLY if direct                             |          | L<br>Candidate/Officeholder name Office sou                  | ght     | Office held  |
|   | expenditure to benefit C/O                          |          | Sparks, Kevin (Mr.)  | 5       | State Senator District 31  |
| _ | Date  | Г        | Payee name   |         |  |
|   | 08/12/2024  |          | Paychex  |         |  |
| - | Amount (\$)   | _        | Payee address; City; State; Zip Co                           | de      |  |
|   | \$19.19   |          | 911 Panorama Tr South  | uc      |  |
|   | Ψ10.10  |          | off anotama in Count   |         |  |
|   |   |          | Rochester, NY 14625  |         |  |
|   |   | _        |  |         |  |
|   | PURPOSE<br>OF                                       | (a)<br>  | , ,  | (a)     | Description  Check if travel outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE   |          | Salaries/Wages/Contract Labor                                |         | Check if Austin, TX, officeholder living expense   |
|   |   |          |  |         | Payroll Expense  |
|   |   |          |  |         |  |
|   | Complete ONLY if direct                             |          | Candidate/Officeholder name Office sou                       | ght     | Office held  |
|   | expenditure to benefit C/O                          | Η (      | Sparks, Kevin (Mr.)  |         | State Senator District 31  |
|   |   |          |  |         |  |
|   |   |          |  |         |  |

### SCHEDULE F1

**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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Credit Card Payment                                 | The Instruction Guide explains how to compl                          | lete this form.  |
|---|---|--|--|
| 1 | Total pages Schedule F1:                            | <u> </u>   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 19/33 Rpt: 54/69                               | Sparks, Kevin D (The Honorable)                                      | 00085798   |
| 4 | Date  | 5 Payee name   | ·  |
|   | 08/14/2024  | Paychex  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                               |  |
|   | \$600.27  | 911 Panorama Tr South  |  |
|   |   |  |  |
|   |   | Rochester, NY 14625  |  |
| 8 | PURPOSE   | , , ,  | Description  |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  | Payroll Expense  |
|   |   |  | . ay.c <u></u>   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                            | Office held  |
| J | expenditure to benefit C/O                          | - · · · · · · · · · · · · · · · · · · ·                              | State Senator District 31  |
| _ | Date  | · · · · ·  |  |
|   | 08/14/2024  | Payee name<br>Paychex  |  |
|   |   | •  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
|   | \$120.91  | 911 Panorama Tr South  |  |
|   |   |  |  |
|   |   | Rochester, NY 14625  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  | Payroll Taxes  |
|   |   |  | Taylon Taxes   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/O                          |  | State Senator District 31  |
| _ | Data  |  |  |
|   | Date<br>08/15/2024                                  | Payee name   |  |
|   |   | Paychex  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
|   | \$74.73   | 911 Panorama Tr South  |  |
|   |   |  |  |
|   |   | Rochester, NY 14625  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor  | Check if travel outside of Texas. Complete Schedule T.   |
|   | _   |  | Check if Austin, TX, officeholder living expense Payroll Expense   |
|   |   |  | rayion Expense   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                            | Office held  |
|   | Complete ONLY if direct expenditure to benefit C/OH | 9  | State Senator District 31  |
|   |   | Spairs, Reviii (ivii.)   | State Schator District 31  |
|   |   |  |  |
|   |   |  |  |

### SCHEDULE F1

**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

|   | Credit Card Payment                                 | The Instruction Guide explains how to co                         | mple | ete this form.   |
|---|---|--|------|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   |      | 3 Filer ID (Ethics Commission Filers)  |
| l | Sch: 20/33 Rpt: 55/69                               | Sparks, Kevin D (The Honorable)                                  |      | 00085798   |
| 4 | Date  | 5 Payee name   |      | '  |
| l | 08/29/2024  | Paychex  |      |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Co                             | de   |  |
| l | \$600.90  | 911 Panorama Tr South  |      |  |
| l |   |  |      |  |
|   |   | Rochester, NY 14625  |      |  |
| 8 | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description  |
| l | EXPENDITURE   | Salaries/Wages/Contract Labor                                    |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  |      | Payroll Expense  |
|   |   |  |      |  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sou                           | ght  | Office held  |
|   | expenditure to benefit C/OI                         | Sparks, Kevin (Mr.)  |      | State Senator District 31  |
| Г | Date  | Payee name   |      |  |
|   | 08/29/2024  | Paychex  |      |  |
|   | Amount (\$)   | Payee address; City; State; Zip Co                               | de   |  |
|   | \$120.90  | 911 Panorama Tr South  |      |  |
| l |   |  |      |  |
| L |   | Rochester, NY 14625  |      |  |
| l | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description  |
| l | EXPENDITURE   | Salaries/Wages/Contract Labor                                    |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| l |   |  |      | Payroll Taxes  |
|   |   |  |      |  |
| Г | Complete ONLY if direct                             | Candidate/Officeholder name Office sou                           | ght  | Office held  |
| L | expenditure to benefit C/OI                         | T Sparks, Kevin (Mr.)  |      | State Senator District 31  |
| l | Date  | Payee name   |      |  |
|   | 08/30/2024  | Paychex  |      |  |
| l | Amount (\$)   | Payee address; City; State; Zip Co                               | de   |  |
| l | \$74.73   | 911 Panorama Tr South  |      |  |
| l |   |  |      |  |
|   |   | Rochester, NY 14625  |      |  |
| l | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.                                      |
| l | EXPENDITURE   | Salaries/Wages/Contract Labor                                    |      | Check if Austin, TX, officeholder living expense   |
| l |   |  |      | Payroll Expense  |
| L |   |  |      |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou                           | ght  | Office held  |
| L | experiorare to benefit C/OI                         | Sparks, Kevin (Mr.)  |      | State Senator District 31  |
|   |   |  |      |  |
|   |   |  |      |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Credit Card Payment         | The Instruction Guide explains how to complete                       | e this form.   |
|---|-----------------------------|--|--|
| 1 | Total pages Schedule F1:    | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 21/33 Rpt: 56/69       | Sparks, Kevin D (The Honorable)                                      | 00085798   |
| 4 | Date                        | 5 Payee name   |  |
|   | 09/23/2024                  | Paychex  |  |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code                               |  |
|   | \$600.27                    | 911 Panorama Tr South  |  |
|   |                             |  |  |
|   |                             | Rochester, NY 14625  |  |
| 8 | PURPOSE<br>OF               |  | Description  |
|   | EXPENDITURE                 | Salaries/Wages/Contract Labor  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             |  | Payroll Expense  |
|   |                             |  |  |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/Ol | H Sparks, Kevin (Mr.)  | State Senator District 31  |
|   | Date                        | Payee name   |  |
|   | 09/23/2024                  | Paychex  |  |
|   | Amount (\$)                 | Payee address; City; State; Zip Code                                 |  |
|   | \$120.91                    | 911 Panorama Tr South  |  |
|   |                             |  |  |
|   |                             | Rochester, NY 14625  |  |
|   | PURPOSE<br>OF               |  | Description  |
|   | EXPENDITURE                 | Salaries/Wages/Contract Labor  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             |  | Payroll Taxes  |
|   |                             |  |  |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/O  | H Sparks, Kevin (Mr.)  | State Senator District 31  |
|   | Date                        | Payee name   |  |
|   | 09/24/2024                  | Paychex  |  |
|   | Amount (\$)                 | Payee address; City; State; Zip Code                                 |  |
|   | \$149.35                    | 911 Panorama Tr South  |  |
|   |                             |  |  |
|   |                             | Rochester, NY 14625  |  |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|   | OF<br>EXPENDITURE           | Salaries/Wages/Contract Labor  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             | L  | Payroll Expense  |
|   |                             |  | -9   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/O  |  | State Senator District 31  |
|   |                             |  |  |
|   |                             |  |  |
|   |                             |  |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.                       |   |
|---|---|---|---|
| 1 | Total pages Schedule F1:<br>Sch: 22/33 Rpt: 57/69   | 2 FILER NAME Sparks, Kevin D (The Honorable)                                    | 3 Filer ID (Ethics Commission Filers) 00085798  |
| 4 | Date 09/27/2024                                     | 5 Payee name<br>Paychex   |   |
| 6 | Amount (\$) \$600.28                                | 7 Payee address; City; State; Zip Code<br>911 Panorama Tr South                 |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | Galaries/ Wages/ Goritract Labor  | el outside of Texas. Complete Schedule T.<br>tin, TX, officeholder living expense         |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                   | Office held<br>State Senator District 31  |
|   | Date 09/27/2024                                     | Payee name Paychex  |   |
|   | Amount (\$)<br>\$120.90                             | Payee address; City; State; Zip Code 911 Panorama Tr South  Rochester, NY 14625 |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | Salaries/ Wages/ Contract Labor   | el outside of Texas. Complete Schedule T.<br>tin, TX, officeholder living expense<br>ES   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                   | Office held<br>State Senator District 31  |
|   | Date<br>09/30/2024                                  | Payee name<br>Paychex   |   |
|   | Amount (\$) \$74.73                                 | Payee address; City; State; Zip Code<br>911 Panorama Tr South                   |   |
|   |   | Rochester, NY 14625   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | Salaries/ Wages/Cornilact Eabor   | el outside of Texas. Complete Schedule T.<br>tin, TX, officeholder living expense<br>ENSE |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)                   | Office held State Senator District 31   |
|   |   |   |   |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Credit Card Payment         |     | The Instruction Guide explains how                           | to con | nple | ete this form.   |
|---|-----------------------------|-----|--|--------|------|--|
| 1 | Total pages Schedule F1:    | 2   | FILER NAME   |        |      | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 23/33 Rpt: 58/69       |     | Sparks, Kevin D (The Honorable)                              |        |      | 00085798   |
| 4 | Date                        | 5   | Payee name   |        |      | •  |
|   | 10/16/2024                  |     | Paychex  |        |      |  |
| 6 | Amount (\$)                 | 7   | Payee address; City; State; Zip                              | Coc    | de   |  |
|   | \$600.27                    |     | 911 Panorama Tr South  |        |      |  |
|   |                             |     |  |        |      |  |
|   |                             |     | Rochester, NY 14625  |        |      |  |
| 8 | PURPOSE<br>OF               | (a) | Category (See Categories listed at the top of this schedule) |        | (b)  | Description  |
|   | EXPENDITURE                 |     | Salaries/Wages/Contract Labor                                |        |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             |     |  |        |      | Payroll  |
|   |                             |     |  |        |      |  |
| 9 | Complete ONLY if direct     |     | Candidate/Officeholder name Office                           | souç   | ght  | Office held  |
|   | expenditure to benefit C/OI | H   | Sparks, Kevin (Mr.)  |        |      | State Senator District 31  |
|   | Date                        |     | Payee name   |        |      |  |
|   | 10/16/2024                  |     | Paychex  |        |      |  |
|   | Amount (\$)                 |     | Payee address; City; State; Zip                              | Coc    | de   |  |
|   | \$120.91                    |     | 911 Panorama Tr South  |        |      |  |
|   |                             |     |  |        |      |  |
|   |                             |     | Rochester, NY 14625  |        |      |  |
|   | PURPOSE<br>OF               | (a) | Category (See Categories listed at the top of this schedule) |        | (b)  | Description  |
|   | EXPENDITURE                 |     | Salaries/Wages/Contract Labor                                |        |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             |     |  |        |      | Payroll Taxes  |
|   |                             |     |  |        |      |  |
|   | Complete ONLY if direct     |     | Candidate/Officeholder name Office                           | souç   | ght  | Office held  |
|   | expenditure to benefit C/OI | н , | Sparks, Kevin (Mr.)  |        |      | State Senator District 31  |
|   | Date                        |     | Payee name   |        |      |  |
|   | 10/17/2024                  |     | Paychex  |        |      |  |
|   | Amount (\$)                 |     | Payee address; City; State; Zip                              | Coc    | de   |  |
|   | \$168.54                    |     | 911 Panorama Tr South  |        |      |  |
|   |                             |     |  |        |      |  |
|   |                             |     | Rochester, NY 14625  |        |      |  |
|   | PURPOSE<br>OF               | (a) | Category (See Categories listed at the top of this schedule) |        | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE                 |     | Salaries/Wages/Contract Labor                                |        |      | Check if Austin, TX, officeholder living expense   |
|   |                             |     |  |        |      | Payroll  |
|   |                             |     |  |        |      |  |
|   | Complete ONLY if direct     |     | Candidate/Officeholder name Office                           | souç   | ght  | Office held  |
|   | expenditure to benefit C/OI | п , | Sparks, Kevin (Mr.)  |        |      | State Senator District 31  |
|   |                             |     |  |        |      |  |
|   |                             |     |  |        |      |  |

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Credit Card Payment                                       | The Instruction Guide explains how to comple  | te this form.  |
|---|---|---|--|
| 1 | Total pages Schedule F1:<br>Sch: 24/33 Rpt: 59/69         | 2 FILER NAME Sparks, Kevin D (The Honorable)  | 3 Filer ID (Ethics Commission Filers) 00085798   |
| 4 | Date<br>10/30/2024  | 5 Payee name<br>Paychex   | <u>,</u>   |
| 6 | Amount (\$)<br>\$600.28                                   | 7 Payee address; City; State; Zip Code<br>911 Panorama Tr South   |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                              | Rochester, NY 14625  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll       |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)  | Office held<br>State Senator District 31   |
|   | Date<br>10/30/2024  | Payee name<br>Paychex   |  |
|   | Amount (\$)<br>\$139.50                                   | Payee address; City; State; Zip Code 911 Panorama Tr South  Rochester, NY 14625                                     |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense                     | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll Taxes |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)  | Office held<br>State Senator District 31   |
|   | Date<br>10/31/2024  | Payee name<br>Paychex   |  |
|   | Amount (\$) \$87.86                                       | Payee address; City; State; Zip Code<br>911 Panorama Tr South   |  |
|   |   | Rochester, NY 14625   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense                     | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll          |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)  | Office held<br>State Senator District 31   |
|   |   |   |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Credit Card Payment                                | The Instruction Guide explains how to complete this form.       |   |
|---|--|---|---|
| 1 | Total pages Schedule F1:<br>Sch: 25/33 Rpt: 60/69  | 2 FILER NAME Sparks, Kevin D (The Honorable)                    | 3 Filer ID (Ethics Commission Filers) 00085798  |
| 4 | Date 11/14/2024                                    | 5 Payee name<br>Paychex   |   |
| 6 | Amount (\$)<br>\$600.27                            | 7 Payee address; City; State; Zip Code<br>911 Panorama Tr South |   |
|   |  | Rochester, NY 14625   |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | Galaries/ Wages/Goritraet Eabor                                 | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)  | Office held<br>State Senator District 31  |
|   | Date 11/14/2024                                    | Payee name<br>Paychex   |   |
|   | Amount (\$)<br>\$120.91                            | Payee address; City; State; Zip Code 911 Panorama Tr South      |   |
|   |  | Rochester, NY 14625   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | Salaries/ Wages/ Contract Eabor                                 | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)  | Office held<br>State Senator District 31  |
|   | Date<br>11/15/2024                                 | Payee name<br>Paychex   |   |
|   | Amount (\$)<br>\$74.73                             | Payee address; City; State; Zip Code<br>911 Panorama Tr South   |   |
|   |  | Rochester, NY 14625   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | Office Overficad/Nertial Expense                                | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)  | Office held State Senator District 31   |
|   |  |   |   |

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Credit Card Payment         | The Instruction Guide explains how to con                        | •    | ete this form.   |
|---|-----------------------------|--|------|--|
| 1 | Total pages Schedule F1:    | ·  | -    | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 26/33 Rpt: 61/69       | Sparks, Kevin D (The Honorable)                                  |      | 00085798   |
| 4 | Date                        | 5 Payee name   |      | <u> </u>   |
|   | 11/29/2024                  | Paychex  |      |  |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Coo                            | de   |  |
|   | \$600.27                    | 911 Panorama Tr South  |      |  |
|   |                             |  |      |  |
|   |                             | Rochester, NY 14625  |      |  |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description  |
|   | OF<br>EXPENDITURE           | Office Overhead/Rental Expense                                   |      | Check if travel outside of Texas. Complete Schedule T.   |
|   |                             |  |      | Check if Austin, TX, officeholder living expense  Payroll  |
|   |                             |  |      | rayion   |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office soug                          | thr  | Office held  |
| ľ | expenditure to benefit C/O  |  | Jiii | State Senator District 31  |
| _ | Data                        |  |      |  |
|   | Date                        | Payee name   |      |  |
|   | 11/29/2024                  | Paychex  |      |  |
|   | Amount (\$)                 | Payee address; City; State; Zip Coo                              | de   |  |
|   | \$120.91                    | 911 Panorama Tr South  |      |  |
|   |                             |  |      |  |
|   |                             | Rochester, NY 14625  |      |  |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description  |
|   | EXPENDITURE                 | Salaries/Wages/Contract Labor                                    |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             |  |      | Payroll Taxes  |
|   |                             |  |      | - <b> </b>   |
| Н | Complete ONLY if direct     | Candidate/Officeholder name Office souc                          | ght  | Office held  |
|   | expenditure to benefit C/O  |  |      | State Senator District 31  |
| _ | Date                        | Payee name   |      |  |
|   | 11/29/2024                  | Paychex  |      |  |
|   |                             |  | 40   |  |
|   | Amount (\$)<br>\$74.73      | Payee address; City; State; Zip Coo<br>911 Panorama Tr South     | ue   |  |
|   | \$14.13                     | 911 Fallorama 11 South   |      |  |
|   |                             | Deelegater NV 14005  |      |  |
|   |                             | Rochester, NY 14625  |      |  |
|   | PURPOSE<br>OF               | , ,  | (b)  | Description  |
|   | EXPENDITURE                 | Salaries/Wages/Contract Labor                                    |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             |  |      | Payroll  |
|   |                             |  |      |  |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office soug                          | ght  | Office held  |
|   | expenditure to benefit C/OI |  |      | State Senator District 31  |
|   |                             |  |      |  |
|   |                             |  |      |  |
| ı |                             |  |      |  |

### SCHEDULE F1

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

|   | Credit Card Payment         | The Instruction Guide explains how to complete  | e this form.  |
|---|-----------------------------|---|---|
| 1 | Total pages Schedule F1:    | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                               |
|   | Sch: 27/33 Rpt: 62/69       | Sparks, Kevin D (The Honorable)   | 00085798  |
| 4 | Date                        | 5 Payee name  | •   |
|   | 12/13/2024                  | Paychex   |   |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code  |   |
|   | \$600.27                    | 911 Panorama Tr South   |   |
|   |                             |   |   |
|   |                             | Rochester, NY 14625   |   |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) D                          | Description   |
|   | OF<br>EXPENDITURE           | Salaries/Wages/Contract Labor   | Check if travel outside of Texas. Complete Schedule T.              |
|   |                             | L   | Check if Austin, TX, officeholder living expense                    |
|   |                             |   | ayıon   |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit C/OI |   | State Senator District 31   |
|   | Date                        | Payee name  |   |
|   | 12/13/2024                  | Paychex   |   |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |   |
|   | \$120.01                    | 911 Panorama Tr South   |   |
|   |                             |   |   |
|   |                             | Rochester, NY 14625   |   |
|   | PURPOSE                     |   | Description   |
|   | OF<br>EXPENDITURE           | Salaries/Wages/Contract Labor   | Check if travel outside of Texas. Complete Schedule T.              |
|   | EXPENDITORE                 |   | Check if Austin, TX, officeholder living expense                    |
|   |                             | P   | Payroll Taxes   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit C/OI |   | State Senator District 31   |
|   | Data                        | · · · · · ·   | Clair Conator District of   |
|   | Date<br>12/16/2024          | Payee name<br>Paychex   |   |
|   |                             | -   |   |
|   | Amount (\$) \$266.61        | Payee address; City; State; Zip Code 911 Panorama Tr South                                      |   |
|   | φ200.01                     | 911 Fallotatila 11 South  |   |
|   |                             | Dochoctor NV 1462E  |   |
|   | DUDD005                     | Rochester, NY 14625   |   |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor | Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE                 | Salaries/wages/Contract Labor   | Check if Austin, TX, officeholder living expense                    |
|   |                             | P   | Payroll   |
|   |                             |   |   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit C/OI | T Sparks, Kevin (Mr.)   | State Senator District 31   |
|   |                             |   |   |
|   |                             |   |   |

### SCHEDULE F1

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

|   | orean oara rayment                                  | The Instruction Guide explains how to comple   | te this form.  |
|---|---|--|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 28/33 Rpt: 63/69                               | Sparks, Kevin D (The Honorable)  | 00085798   |
| 4 | Date  | 5 Payee name   | <u>'</u>   |
|   | 12/31/2024  | Paychex  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
|   | \$600.27  | 911 Panorama Tr South  |  |
|   |   |  |  |
|   |   | Rochester, NY 14625  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b)                           | Description  |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor  | Check if travel outside of Texas. Complete Schedule T.   |
|   |   |  | Check if Austin, TX, officeholder living expense  Payroll  |
|   |   |  | T dyfoli   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
| • | expenditure to benefit C/OI                         |  | State Senator District 31  |
|   | Date  | Payee name   |  |
|   | 12/31/2024  | Paychex  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$120.01  | 911 Panorama Tr South  |  |
|   | 7220.02   | 0 1 41.0.41.14 1. 0044.  |  |
|   |   | Rochester, NY 14625  |  |
|   | PURPOSE   | T  | Description  |
|   | OF  | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | Calaires, Wagos, Cornilate Labor   | Check if Austin, TX, officeholder living expense   |
|   |   |  | Payroll Taxes  |
|   |   |  | 200  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held  |
|   |   | <sup>1</sup> Sparks, Kevin (Mr.)   | State Senator District 31  |
|   | Date  | Payee name   |  |
|   | 10/09/2024  | Permian Basin of Midland Tx  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$304.99  | 208 S A St   |  |
|   |   |  |  |
|   |   | Midland, TX 79701  |  |
|   | PURPOSE<br>OF                                       | ,  | Description  |
|   | EXPENDITURE   | Printing Expense   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  | Advertising  |
|   |   |  |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/OI                         | <sup>†</sup> Sparks, Kevin (Mr.)   | State Senator District 31  |
|   |   |  |  |
|   |   |  |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |   |
|---|---|--|---|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                                       |
|   | Sch: 29/33 Rpt: 64/69                               | Sparks, Kevin D (The Honorable)  | 00085798  |
| 4 | Date  | 5 Payee name   |   |
|   | 09/17/2024  | Phoebes Dine   |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |
|   | \$48.17   | 408 W 11th St  |   |
|   |   | Austin, TX 78701   |   |
| 8 | PURPOSE   |  |   |
| 0 | OF  | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel of | outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE   | Check if Austin,   | , TX, officeholder living expense   |
|   |   | Office Expens  | se  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held   |
| 9 | expenditure to benefit C/O                          | Sparks, Kevin (Mr.)  | State Senator District 31   |
| _ | Date  | Payee name   |   |
|   | 09/03/2024  | QT 929   |   |
| _ | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$26.95   | 1220 Mockingbird Ln  |   |
|   |   |  |   |
|   |   | Dallas, TX 75247   |   |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
|   | EXPENDITURE   |  | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense |
|   |   | Travel   |   |
|   |   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |
|   | experiorative to benefit C/OI                       |  |   |
|   | Date  | Payee name   |   |
|   | 11/04/2024  | Servant Leadership   |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$2,000.00  | 2104 Deeanna Ln  |   |
|   |   | Midland, TX 79707  |   |
|   | PURPOSE   |  |   |
|   | OF  | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel of         | outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE   | Check if Austin,   | , TX, officeholder living expense   |
|   |   | Retreat  |   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/O                          |  | State Senator District 31   |
|   |   |  | 2   |
|   |   |  |   |
|   |   |  |   |

### SCHEDULE F1

**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

|   | Credit Card Payment                                 | The Instruction Guide explains how to comp  | lete this form. |              |  |                                |
|---|---|---|-----------------|--------------|--|--------------------------------|
| 1 | Total pages Schedule F1:                            |   |                 |              | Filer ID                               | (Ethics Commission Filers)     |
| L | Sch: 30/33 Rpt: 65/69                               | Sparks, Kevin D (The Honorable)   |                 |              | 00085798                               |                                |
| 4 | Date<br>10/22/2024                                  | 5 Payee name<br>Staples   |                 |              |  |                                |
| 6 | Amount (\$)<br>\$51.95                              | 7 Payee address; City; State; Zip Code<br>4509 Navarro Dr                               |                 |              |  |                                |
|   |   | Midland, TX 79707   |                 |              |  |                                |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b)    |                 | avel outside | e of Texas. Com<br>officeholder livinç | plete Schedule T.<br>g expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough Sparks, Kevin (Mr.)                            | t               |              | Office he<br>State S                   | eld<br>enator District 31      |
|   | Date<br>12/10/2024                                  | Payee name<br>Staples   |                 |              |  |                                |
|   | Amount (\$) \$33.55                                 | Payee address; City; State; Zip Code<br>4509 Navarro Dr                                 |                 |              |  |                                |
|   |   | Midland, TX 79707   |                 |              |  |                                |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) | <b>=</b>        | avel outsid  | e of Texas. Com<br>officeholder livinç | plete Schedule T.<br>g expense |
|   | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sough  Sparks, Kevin (Mr.)                           | t               |              | Office he<br>State S                   | eld<br>enator District 31      |
|   | Date 09/20/2024                                     | Payee name<br>Starbucks   |                 |              |  |                                |
|   | Amount (\$)<br>\$20.00                              | Payee address; City; State; Zip Code<br>2401 Utah Ave S<br>Ste 800<br>Seattle, WA 98134 |                 |              |  |                                |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  | <u> </u>        | avel outside | e of Texas. Com<br>officeholder living | plete Schedule T.<br>g expense |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name  Office sough  Sparks, Kevin (Mr.)                          | İ               |              | Office he                              | eld<br>enator District 31      |
|   |   |   |                 |              |  |                                |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|    | Credit Card Payment                                 | The Instruction Guide explains how to compl   | lete this form.  |
|----|---|---|--|
| 1  | Total pages Schedule F1:                            | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                              |
|    | Sch: 31/33 Rpt: 66/69                               | Sparks, Kevin D (The Honorable)   | 00085798   |
| 4  | Date  | 5 Payee name  |  |
|    | 12/06/2024  | Texas Farm Bureau   |  |
| 6  | Amount (\$)   | 7 Payee address; City; State; Zip Code  |  |
|    | \$46.50   | 7420 Fish Pond Rd   |  |
|    | , , , , ,   |   |  |
|    |   | Waco, TX 76710  |  |
| 8  | PURPOSE   |   | N. D contesting  |
| l° | OF  | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. |
|    | EXPENDITURE   | Office Overhead/Nerital Expense   | Check if Austin, TX, officeholder living expense                   |
|    |   |   | Overhead   |
|    |   |   |  |
| 9  | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   | Office held  |
|    | expenditure to benefit C/OI                         | <sup>1</sup> Sparks, Kevin (Mr.)  | State Senator District 31  |
|    | Date  | Payee name  |  |
|    | 10/04/2024  | Texas Senate  |  |
|    | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|    | \$44.50   | 1100 Congress Ave   |  |
|    |   | Ğ   |  |
|    |   | Austin, TX 78701  |  |
| _  | PURPOSE   | T   | Description  |
|    | OF  | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  | Check if travel outside of Texas. Complete Schedule T.             |
|    | EXPENDITURE   | Gill/ Wal as/Mellionals Expense   | Check if Austin, TX, officeholder living expense                   |
|    |   |   | Gifts  |
|    |   |   |  |
|    | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   |  |
|    | expenditure to benefit C/OI                         | Sparks, Kevin (Mr.)   | State Senator District 31  |
|    | Date  | Payee name  |  |
|    | 10/04/2024  | Texas Senate  |  |
|    | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|    | \$25.00   | 1100 Congress Ave   |  |
|    |   |   |  |
|    |   | Austin, TX 78701  |  |
|    | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b)                            | Description  |
|    | OF  | Gift/Awards/Memorials Expense   | Check if travel outside of Texas. Complete Schedule T.             |
|    | EXPENDITURE   | ·   | Check if Austin, TX, officeholder living expense                   |
|    |   |   | Gifts  |
|    |   |   | - m  |
|    | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought   |  |
| L  |   | <sup>1</sup> Sparks, Kevin (Mr.)  | State Senator District 31  |
|    |   |   |  |
|    |   |   |  |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment                                | The Instruction Guide explains how to complete this form.   |
|---|--|---|
| 1 | Total pages Schedule F1:<br>Sch: 32/33 Rpt: 67/69  | 2 FILER NAME Sparks, Kevin D (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085798   |
| 4 | Date<br>10/09/2024                                 | 5 Payee name<br>USPS PO   |
| 6 | Amount (\$) \$292.00                               | 7 Payee address; City; State; Zip Code<br>3304 W Wadley Ave   |
|   |  | Midland, TX 79707   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event           |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held Sparks, Kevin (Mr.) State Senator District 31   |
|   | Date 11/12/2024                                    | Payee name<br>Uber  |
|   | Amount (\$)<br>\$73.08                             | Payee address; City; State; Zip Code  1455 Market St. Ste 400   |
|   |  | San Francisco, CA 94103   |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date 11/13/2024                                    | Payee name<br>Uber  |
|   | Amount (\$) \$32.16                                | Payee address; City; State; Zip Code<br>1455 Market St. Ste 400   |
|   |  | San Francisco, CA 94103   |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   |  |   |

### SCHEDULE F1

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)

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

|   |   | The instruction dulae explains now to com                                       | ipic | te tills form.   |
|---|---|---|------|--|
| 1 | Total pages Schedule F1:                            |   |      | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 33/33 Rpt: 68/69                               | Sparks, Kevin D (The Honorable)   |      | 00085798   |
| 4 | Date  | 5 Payee name  |      |  |
|   | 11/14/2024  | Uber  |      |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  | е    |  |
|   | \$43.93   | 1455 Market St. Ste 400   |      |  |
|   |   | San Francisco, CA 94103   |      |  |
| 8 | PURPOSE<br>OF                                       | , , ,   | b)   | Description  |
|   | EXPENDITURE   | Travel Out of District  |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |   |      | Travel   |
|   |   |   |      |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sough  | ht   | Office held  |
| _ | Date  | Payee name  |      |  |
|   | 10/21/2024  | WB Liquors  |      |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  | е    |  |
|   | \$857.61  | 4706 N Midkiff Rd   |      |  |
|   |   |   |      |  |
|   |   | Midland, TX 79705   |      |  |
|   | PURPOSE<br>OF                                       | ,   | b)   | Description  |
|   | EXPENDITURE   | Event Expense   |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |   |      | Advertising  |
|   |   |   |      |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sough  | ht   | Office held  |
|   | expenditure to benefit C/O                          | <sup>1</sup> Sparks, Kevin (Mr.)  |      | State Senator District 31  |
|   | Date  | Payee name  |      |  |
|   | 10/29/2024  | Wilson, Willie  |      |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  | е    |  |
|   | \$2,004.93  | 1610 Maple Ave  |      |  |
|   |   | M. H I. T.V. 70705  |      |  |
|   |   | Midland, TX 79705   |      |  |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  Event Expense | b)   | Description  Check if travel outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE   | Event Expense   |      | Check if Austin, TX, officeholder living expense   |
|   |   |   |      | Event Services   |
|   | 0 1. 0  |   |      | Off  |
|   | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sough  Sparks, Kevin (Mr.)                   | nt   | Office held<br>State Senator District 31   |
| L |   | opairo, reviii (ivii.)  |      | State Seriator District SI   |
|   |   |   |      |  |
| l |   |   |      |  |

## SCHEDULE |

| The Instruction Guide explains how to complete this form. |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 Total pages Schedule I:<br>Sch: 1/1 Rpt:                | 2 FILER NAME<br>Sparks, Kevin D (The Honorable)  | 3 Filer ID (Ethics Commission Filers) 00085798                                       |  |  |  |
| 4 Date<br>09/16/2024                                      | 5 Payee name<br>Nonprofit Management Center  |  |  |  |  |
| 6 Amount (\$)<br>1,500.00                                 | 7 Payee Address; City; State; Zip<br>3500 N A St<br>Unit 2300<br>Midland, TX 79705   |  |  |  |  |
| B PURPOSE<br>OF<br>EXPENDITURE                            | (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description (See instructions regarding type of information required.)  Sponsor  |  |  |  |
| Date  | Payee name   |  |  |  |  |
| 12/24/2024  | Spaw Senate Account  |  |  |  |  |
| Amount (\$)   | Payee Address; City; State; Zip  |  |  |  |  |
| 100.00  | 1100 Congress Ave  |  |  |  |  |
|   | Austin, TX 78701   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense  | (b) Description (See instructions regarding type of information required.)  Donation |  |  |  |
|   |  |  |  |  |  |