## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

_	Eller ID (Ede)	in Organization Filams)	O Tatal manua filadi				
	Filer ID (Eth) 00085798	ics Commission Filers)	2 Total pages filed: 36			OFFICE U	ISE ONLY
						Date Received	
	CANDIDATE / OFFICEHOLDER	MS / MRS / MR The Honorable	FIRST		MI	ELECTRONICA	LLY FILED
	NAME	тпе нопогавіе	Kevin D			07/17/2025	
		NICKNAME	LAST		SUFFIX		
			Sparks			Date Hand-delivered or	Date Postmarked
	ORIGINAL REPORT TYPE	January 15	Runoff	Other (s	specify)		
		July 15	Exceeded modified			Receipt #	Amount
		30th day before election	X 15th day after camp appointment (office			Date Processed	
		8th day before election	Final Report (Attacl	n C/OH-FR)		Date 1 10003300	
	ORIGINAL PERIOD	Month Day Yea	ır	Month Day	Year	Date Imaged	
	COVERED	01/01/2025	THROUGH	06/30/2025			
	EXPLANATION OF C					-	
		al amount of contributions t	hat we have received ι	ıp to this date. I have	added that total	number from our ba	ank account and
	everything is up to da	te and accurate now.					
	AFFIDAVIT						
•	ALLIDAVII			ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicab	le statements:	
			X	Semiannual reports	s: I swear, or a	affirm that the origin	nal report
			ت	was made in good fa	aith and without a	an intent to mislead	
				misrepresent the info	omalion contain	eu in trie report.	
				Other reports:			
			_	report not later than that the report as ori			
				swear, or affirm, that	t any error or om		
				filed was made in go	ood faith.		
				The	Honorable Kev	in D Sparks	
					re of Candidate		
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signate	or Carialadic	c. Cincondido	
	Sworn to and subscribed before me, by the said, this the						
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ie	day
		ribed before me, by the sai				ne	day
						ne	day
						e	day
	of		tify which, witness my l		<del>2</del> .	ieiieiiieiiieiiieiiieiiie of officer admir	

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	te this form.	1 Filer ID (Ethics Commi 00085798		2 Total pages	filed: 36
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Kevin D			Date Received  ELECTRONIC	
	NICKNAME	LAST		SUFFIX	07/17/2025	
		Sparks		301117		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	2600 Mockingbird				Receipt #	Amount
Change of Address	Midland, TX 79705					
onaige or autoes	Wildiana, 17, 79705				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Rick G				
	NICKNAME	 LAST		SUFFIX		
		Strange		301117		
		ou au igo				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE):	ΔΡ.	Γ / SUITE #; CITY	/· S1	TATE; ZIP CODE
TREASURER ADDRESS	1104 Castle Rock Ct	SOAT ELAGE),	7 11	17 33112 ", 311	.,	17(12, Zii 00bl
(Residence or Business)	Midland, TX 79705					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	XTENSION			
TREASURER PHONE	(432) 553-3627					
8 REPORT TYPE	January 15	30th day before	election	Runoff	X 15th day after c	campaign treasurer
		]				fficeholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	01/01/2025	TH	ROUGH	06/30/20	)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
			eneral	Special	<u>—</u>	
			ciiciai	Порески		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	IT (if known)	
	State Senator District 31					
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 36

13 C / OH NAME	Sparks, Kevin D (The	Honorable)	<b>14</b> Filer ID 00085798	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 27,617.62
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 673,886.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			ider penalty of perjury, that the accincludes all information required to code.	
			The Honorable Kevin D Spark	is
		S	ignature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of	f office.	
Signature of office	cer administering	Printed name of officer administeri	ng Title of office	r administering oath

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

			4 of 36					
<b>18</b> FILER NAM Sparks, Ke	evin D (The Honorable)	<b>19</b> Filer ID 00085798	(Ethics Commission Filers)					
	0 SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 27,617.62					
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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 6,151.19					

### 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	omple	ete this form.
1	Total pages Schedule F1: Sch: 1/30 Rpt: 5/36	2	FILER NAME Sparks, Kevin D (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085798
4	Date 01/06/2025	5	Payee name AT&T		<b>'</b>
6	Amount (\$) \$156.90		Payee address; City; State; Zip Co 4400 Midland Dr Suite 600 Midland, TX 79707	ode	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	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/O		Candidate/Officeholder name Office sou Sparks, Kevin (Mr.)	ught	Office held State Senator District 31
	Date 02/04/2025		Payee name AT&T		
	Amount (\$) \$156.92		Payee address; City; State; Zip Co 4400 Midland Dr Suite 600 Midland, TX 79707	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	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/O		Candidate/Officeholder name Office sou Sparks, Kevin (Mr.)	ught	Office held State Senator District 31
	Date 03/04/2025		Payee name AT&T		
	Amount (\$) \$157.04	1	Payee address; City; State; Zip Co 4400 Midland Dr Suite 600 Midland, TX 79707	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	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/O		Candidate/Officeholder name Office sou Sparks, Kevin (Mr.)	ught	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 complete this form.
1	Total pages Schedule F1: Sch: 2/30 Rpt: 6/36	2 FILER NAME Sparks, Kevin D (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085798
4	Date 04/04/2025	5 Payee name AT&T
6	Amount (\$) \$157.04	7 Payee address; City; State; Zip Code 4400 Midland Dr Suite 600 Midland, TX 79707
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) 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/OI	Candidate/Officeholder name Office sought Office held Sparks, Kevin (Mr.) State Senator District 31
	Date 05/05/2025	Payee name AT&T
	Amount (\$) \$157.04	Payee address; City; State; Zip Code 4400 Midland Dr Suite 600 Midland, TX 79707
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) 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/Ol	Candidate/Officeholder name Office sought Office held Sparks, Kevin (Mr.) State Senator District 31
	Date 06/04/2025	Payee name AT&T
	Amount (\$) \$167.16	Payee address; City; State; Zip Code 4400 Midland Dr Suite 600 Midland, TX 79707
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) 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 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/30 Rpt: 7/36	2 FILER NAME Sparks, Kevin D (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085798
4	Date 01/10/2025	5 Payee name Anedot Inc
6	Amount (\$) \$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
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 03/20/2025	Payee name Best Buy
	Amount (\$) \$746.89	Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd STE 100 Austin, TX 78723
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) 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/O	Candidate/Officeholder name Office sought Office held Sparks, Kevin (Mr.) State Senator District 31
	Date 03/24/2025	Payee name CCG Parking
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 205 W 20th St
		Austin, TX 78705
_	PURPOSE OF 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 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 4/30 Rpt: 8/36	Sparks, Kevin D (The Honorable)		00085798
4	Date	5 Payee name		<u>'</u>
l	05/12/2025	Chana at the Whit Austin		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$918.41	325 E Sonterra Blvd STE 240		
l				
l		San Anotonio, TX 78258		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Food
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>	Office held
l	expenditure to benefit C/O	<sup>H</sup> Sparks, Kevin (Mr.)		State Senator District 31
F	Date	Payee name		
l	05/27/2025	City of Midland		
Г	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$9.00	300 N Loraine		
l				
		Midland, TX 79701		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF 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 sou	ı <u> </u>	Office held
l	expenditure to benefit C/O	<sup>H</sup> Sparks, Kevin (Mr.)		State Senator District 31
F	Date	Payee name		
l	04/16/2025	Cogdell's General Store		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$1,840.25	3121 Fourth St		
l				
l		Lubbock, TX 79409		
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Gifts
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight	Office held
	expenditure to benefit C/O			State Senator District 31
$\vdash$				

## 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 complete this form	ı.
1	Total pages Schedule F1: Sch: 5/30 Rpt: 9/36	2 FILER NAME Sparks, Kevin D (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085798
4	Date 01/31/2025	5 Payee name Drogin Group LLC	
6	Amount (\$) \$3,025.32	7 Payee address; City; State; Zip Code 6705 W Hwy 290 STE 50281 Austin, TX 78735	
8	PURPOSE OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)	Office held State Senator District 31
	Date 02/24/2025	Payee name Ector County Republican Women	
	Amount (\$) \$160.00	Payee address; City; State; Zip Code BO Box 14537	
		Odessa, TX 79768	
	PURPOSE OF EXPENDITURE	Advertising Expense	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living 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 01/02/2025	Payee name Google	
	Amount (\$) \$79.01	Payee address; City; State; Zip Code 901 Cherry Ave	
		San Bruno, CA 94066	
	PURPOSE OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living 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

**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	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 6/30 Rpt: 10/36	Sparks, Kevin D (The Honorable)		C	00085798	
4	Date	5 Payee name		•		
	02/03/2025	Google				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$89.84	901 Cherry Ave				
		San Bruno, CA 94066				
8	PURPOSE OF	,	<b>b)</b> De	escription Check if travel outside	of Toyon Com	ploto Sobodulo T
	EXPENDITURE	Advertising Expense	H	Check if Austin, TX, of		
			A	dvertising		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	
	experiditure to benefit C/Oi	<sup>1</sup> Sparks, Kevin (Mr.)			State S	enator District 31
	Date	Payee name				
	03/03/2025	Google				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$89.84	901 Cherry Ave				
		0.0000				
		San Bruno, CA 94066				
	PURPOSE OF	,	<b>b)</b> De	escription Check if travel outside	of Tevas Com	nlete Schedule T
	EXPENDITURE	Advertising Expense		Check if Austin, TX, of		
			A	dvertising		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	
		<sup>1</sup> Sparks, Kevin (Mr.)			State S	enator District 31
	Date	Payee name				
	04/01/2025	Google				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$89.84	901 Cherry Ave				
		San Bruno, CA 04066				
	DUDDOGE	San Bruno, CA 94066	1			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	יט <b>(מ</b> ַ	escription Check if travel outside	of Texas. Com	plete Schedule T.
	EXPENDITURE	Advertising Expense	E	Check if Austin, TX, of		
			A	dvertising		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	
		Sparks, Kevin (Mr.)			State S	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 complete this form.	
1	Total pages Schedule F1: Sch: 7/30 Rpt: 11/36	2 FILER NAME Sparks, Kevin D (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085798	s)
4	Date 05/01/2025	5 Payee name Google	
6	Amount (\$) \$89.84	7 Payee address; City; State; Zip Code 901 Cherry Ave	
		San Bruno, CA 94066	
8	PURPOSE OF 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	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  H Sparks, Kevin (Mr.) State Senator District 31	
	Date 06/02/2025	Payee name Google	
	Amount (\$) \$89.84	Payee address; City; State; Zip Code 901 Cherry Ave	
		San Bruno, CA 94066	
	PURPOSE OF 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  Sparks, Kevin (Mr.)  State Senator District 31	
	Date 01/10/2025	Payee name HEB	
	Amount (\$) \$138.10	Payee address; City; State; Zip Code 646 S. Flores St.	
		San Antonio, TX 78204	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) 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/O	Candidate/Officeholder name  Office sought  Office held  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 exp	lains how to comp	lete this form.		
1	Total pages Schedule F1:	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 8/30 Rpt: 12/36	Sparks, Kevin D (The Honorable)			00085798	
4	Date	Payee name		•		
	02/26/2025	HEB				
6	Amount (\$)	Payee address; City;	State; Zip Code			
	\$103.46	646 S. Flores St.				
		San Antonio, TX 78204				
8	PURPOSE	Category (See Categories listed at the top of t	this schedule) (b)	Description		
	OF EXPENDITURE	Advertising Expense	,	Check if travel outs		
	EXI ENDITORE			Check if Austin, TX Advertising	(, officeholder livin	g expense
				Advertising		
9	Complete ONLY if direct	andidate/Officeholder name	Office sought		Office h	eld.
	expenditure to benefit C/OI	parks, Kevin (Mr.)	Office 30ugrit			Senator District 31
	Date	. ,				
	03/06/2025	Payee name HEB				
			State; Zip Code			
	Amount (\$) \$65.07	Payee address; City; 646 S. Flores St.	state, Zip Code			
	φ05.07	040 3. FIDIES 31.				
		Con Antonio TV 70204				
		San Antonio, TX 78204				
	PURPOSE OF	Category (See Categories listed at the top of t	his schedule) (b)	Description Check if travel outs	cido of Toyas Con	anlata Schadula T
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX		
				Office Expense		
Г	Complete ONLY if direct	andidate/Officeholder name	Office sought		Office h	eld
	expenditure to benefit C/OI	parks, Kevin (Mr.)			State S	Senator District 31
	Date	Payee name				
	03/14/2025	HEB				
	Amount (\$)	Payee address; City;	State; Zip Code			
	\$163.98	646 S. Flores St.				
		San Antonio, TX 78204				
	PURPOSE	Category (See Categories listed at the top of t	this schedule) (b)	Description		
	OF	Office Overhead/Rental Expense	Tils scriedule)	Check if travel outs	side of Texas. Con	nplete Schedule T.
	EXPENDITURE	·		Check if Austin, TX		g expense
				Office Expense		
	0 1. 0	1:1:10"				
	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sought		Office h	
		parks, Kevin (Mr.)			State S	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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to con	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/30 Rpt: 13/36	Sparks, Kevin D (The Honorable)		00085798
4	Date	5 Payee name		•
	03/31/2025	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$191.09	646 S. Flores St.		
		San Antonio, TX 78204		
8	PURPOSE OF	g , (ere emigenee mine top or time emission)	(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
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	<sup>H</sup> Sparks, Kevin (Mr.)		State Senator District 31
	Date	Payee name		
	04/10/2025	HEB		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$121.90	646 S. Flores St.		
		San Antonio, TX 78204		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF 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 soug	ght	Office held
	expenditure to benefit C/OI	<sup>H</sup> Sparks, Kevin (Mr.)		State Senator District 31
	Date	Payee name		
	04/17/2025	HEB		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$118.85	646 S. Flores St.		
		San Antonio, TX 78204	_	
	PURPOSE OF	, (************************************	(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
				·
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/30 Rpt: 14/36	Sparks, Kevin D (The Honorable) 00085798
4	Date	5 Payee name
	04/25/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.90	646 S. Flores St.
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Office Expense
		Office Expense
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
		Sparks, Nevili (Mi.)
	Date	Payee name
	05/08/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$166.34	646 S. Flores St.
		San Antonio, TX 78204
	PURPOSE 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
		Office Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
		Spaires, Nevin (Mil.)
	Date	Payee name
	05/13/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.60	646 S. Flores St.
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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 alice -t	Condidate/Officeholder name Office equality Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 - Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/30 Rpt: 15/36 Sparks, Kevin D (The Honorable) 00085798 4 Date Payee name 05/21/2025 HEB 6 Amount (\$) Payee address; City; State; Zip Code \$171.57 646 S. Flores St. San Antonio, TX 78204 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Sparks, Kevin (Mr.) State Senator District 31 Date Payee name 06/25/2025 **HEB** Amount (\$) Payee address; City; State; Zip Code \$214.20 646 S. Flores St. San Antonio, TX 78204 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Sparks, Kevin (Mr.) State Senator District 31 Date Payee name 05/06/2025 Hall, Weston Amount (\$) Payee address: City: State; Zip Code \$89.00 PO Box 12068 Capitol Station Austin, TX 78711 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement for office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this fo	orm.		
1	Total pages Schedule F1: Sch: 12/30 Rpt: 16/36	2 FILER NAME Sparks, Kevin D (The Honorable)		1	Filer ID 00085798	(Ethics Commission Filers)
4	Date 06/03/2025	5 Payee name Hall, Weston		<b>I</b>		
6	Amount (\$) \$275.00	7 Payee address; City; State; Zip Code PO Box 12068 Capitol Station  Austin, TX 78711				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check	k if travel outside k if Austin, TX, o	e of Texas. Com officeholder living for office su	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)	t		Office he State S	eld enator District 31
	Date 03/20/2025	Payee name Hankins, Ken				
	Amount (\$) \$617.86	Payee address; City; State; Zip Code 804 Canonero Cir  Midland, TX 79705				
	PURPOSE OF EXPENDITURE		Check	k if travel outsid	e of Texas. Com	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)	t		Office he State S	eld enator District 31
	Date 03/20/2025	Payee name Hankins, Ken				
	Amount (\$) \$588.00	Payee address; City; State; Zip Code 804 Canonero Cir				
		Midland, TX 79705				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check	k if travel outsid	e of Texas. Com officeholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Sparks, Kevin (Mr.)	t		Office he State S	eld enator District 31

### SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

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

rse Travel in District
rse Travel Out of District
Travel Out of District
orther Contract Labor
OTHER (enter a cate

	Candidate/Officeholder/Politica 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: 13/30 Rpt: 17/36	Sparks, Kevin D (The Honorable) 00085798
4	Date	5 Payee name
	03/20/2025	Hankins, Ken
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.17	804 Canonero Cir
		Midland, TX 79705
8	PURPOSE 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
		Reimbursement
		Treatment of the state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/06/2025	MRT Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	201 E. Illinois
	Ψ10.00	ZOI E. IIIIIOIS
		Midland, TX 79701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	onponuntare to senione ere.	Sparks, Kevin (Mr.) State Senator District 31
	Date	Payee name
	01/22/2025	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 EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Expense
		Cilide Experise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel in District
Travel Out of Dis
Contract Labor
OTHER (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

1 Total pages Schedule F1: Sch: 14/30 Rpt: 18/36 Sparks, Kevin D (The Honorable)  4 Date 02/19/2025 Payee name MRT Media Group  6 Amount (\$) 7 Payee address; City; State; Zip Code 201 E. Illinois Midland, TX 79701  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Expense  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
MRT Media Group  6 Amount (\$)  \$16.00  \$16.00  The payee address; City; State; Zip Code  201 E. Illinois  Midland, TX 79701  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule) Office Expense  Office Expense	
\$16.00 201 E. Illinois  Midland, TX 79701  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Expense Office Expense	
OF EXPENDITURE  Office Overhead/Rental Expense  Office Expense  Office Expense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH Sparks, Kevin (Mr.) State Senator	or District 31
Date Payee name 03/19/2025 MRT Media Group	
Amount (\$) Payee address; City; State; Zip Code  \$16.00 201 E. Illinois  Midland, TX 79701	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living expense Office Expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Sparks, Kevin (Mr.) State Senator	or District 31
Date Payee name 04/16/2025 MRT Media Group  Amount (\$) Payee address; City; State; Zip Code \$16.00 201 E. Illinois	
Midland, TX 79701	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living expense Office Expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Sparks, Kevin (Mr.) State Senator	or 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 com	ple	te this form.			
1	Total pages Schedule F1:			3	F	iler ID	(Ethics Commission Filers)
	Sch: 15/30 Rpt: 19/36	Sparks, Kevin D (The Honorable)			(	00085798	
4	Date	5 Payee name					
	05/14/2025	MRT Media Group					
6	Amount (\$)	7 Payee address; City; State; Zip Code	е				
	\$19.00	201 E. Illinois					
		Midland, TX 79701					
8	PURPOSE		h)	Description			
Ĭ	OF	Office Overhead/Rental Expense	٠,	Check if travel outsi	ide	of Texas. Comp	olete Schedule T.
	EXPENDITURE	·		Check if Austin, TX,		fficeholder living	expense
				Office Expense			
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht			Office he	eld
	expenditure to benefit C/OI					State Se	enator District 31
	Date	Payee name	_				
	06/12/2025	MRT Media Group					
	Amount (\$)	Payee address; City; State; Zip Code	е				
	\$19.00	201 E. Illinois					
		N. H I. T. V. T. C. T					
		Midland, TX 79701					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	b)	Description  Check if travel outsi	side	of Texas. Comp	olete Schedule T.
	EXPENDITURE	Office Overhead/Netital Expense		Check if Austin, TX,			
				Office Expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sough	— ht			Office he	ald
	expenditure to benefit C/OI		11				enator District 31
	Date	Payee name	_				
	01/08/2025	Midland Co Republican Women					
	Amount (\$)	Payee address; City; State; Zip Code	e				
	\$225.06	PO Box 4024					
		Midland, TX 79704					
	PURPOSE OF	, ,	b)	Description	ide	of Toyon Com	ploto Schodulo T
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsi Check if Austin, TX,			
				Office Expense			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt			Office he	
	,	Sparks, Kevin (Mr.)	_			State St	enator District 31

#### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/A

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

g Expense Travel in t g Expense Travel Ou es/Wages/Contract Labor OTHER (6

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica	The Instruction Guide explains how to comp		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 16/30 Rpt: 20/36	Sparks, Kevin D (The Honorable)		00085798
4	Date	5 Payee name		1
	01/08/2025	Midland Co Republican Women		
6	Amount (\$)	7 Payee address; City; State; Zip Code	Э	
	\$113.65	PO Box 4024		
		Midland, TX 79704		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	<b>)</b>	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			ı	Office Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O	<sup>H</sup> Sparks, Kevin (Mr.)		State Senator District 31
	Date	Payee name	_	
	02/12/2025	Midland County Republican Women		
	Amount (\$)	Payee address; City; State; Zip Code	<del></del>	
	\$66.54	1 Wildcatter Way		
		Midland, TX 79705		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	 )	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
			ļ	Check if Austin, TX, officeholder living expense Fees
				1 003
	Complete ONLY if direct	Candidate/Officeholder name Office sough	 1t	Office held
	expenditure to benefit C/O			State Senator District 31
	Date	Payee name	_	
	05/23/2025	Parker, Shannon		
	Amount (\$)	Payee address; City; State; Zip Code	 e	
	\$248.47	9915 Otis Court		
		Amarillo, TX 79119		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	 ɔ)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		J	Check if Austin, TX, officeholder living expense Reimbursment
				Reimbursment
	Complete ONLY if direct	Candidate/Officeholder name Office sough		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

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 this form.								
1	Total pages Schedule F1: Sch: 17/30 Rpt: 21/36	FILER NAME     Sparks, Kevin D (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085798						
4	Date 01/02/2025	5 Payee name Paychex	00000100						
6	Amount (\$) \$159.35	7 Payee address; City; State; Zip Code 911 Panorama Tr South							
8	PURPOSE OF EXPENDITURE	Che	otion  ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense  I 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 01/15/2025	Payee name Paychex							
	Amount (\$) \$600.27	Payee address; City; State; Zip Code 911 Panorama Tr South  Rochester, NY 14625							
	PURPOSE OF EXPENDITURE	Che	otion sk if travel outside of Texas. Complete Schedule T. sk if Austin, TX, officeholder living expense I 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 01/15/2025	Payee name Paychex							
	Amount (\$) \$120.91	Payee address; City; State; Zip Code 911 Panorama Tr South							
		Rochester, NY 14625							
	PURPOSE OF EXPENDITURE	Che	otion sk if travel outside of Texas. Complete Schedule T. sk if Austin, TX, officeholder living expense I Taxes						
	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 comple	ete this form.
1	Total pages Schedule F1: Sch: 18/30 Rpt: 22/36	FILER NAME     Sparks, Kevin D (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085798
4	Date 01/16/2025	5 Payee name Paychex	·
6	Amount (\$) \$320.44	7 Payee address; City; State; Zip Code 911 Panorama Tr South Rochester, NY 14625	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll Expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)	Office held State Senator District 31
	Date 03/03/2025	Payee name Paychex	
	Amount (\$) \$646.45	Payee address; City; State; Zip Code 911 Panorama Tr South  Rochester, NY 14625	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll 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 03/03/2025	Payee name Paychex	
	Amount (\$) \$139.52	Payee address; City; State; Zip Code 911 Panorama Tr South	
		Rochester, NY 14625	
	PURPOSE OF EXPENDITURE	(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 Taxes
	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

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 complete	e this form.
1	Total pages Schedule F1: Sch: 19/30 Rpt: 23/36	2 FILER NAME Sparks, Kevin D (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085798
4	Date 03/04/2025	5 Payee name Paychex	
6	Amount (\$) \$166.32	7 Payee address; City; State; Zip Code 911 Panorama Tr South	
8	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll Expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)	Office held State Senator District 31
	Date 03/10/2025	Payee name Paychex	
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 911 Panorama Tr South  Rochester, NY 14625	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)	Office held State Senator District 31
	Date 03/14/2025	Payee name Paychex	
	Amount (\$) \$646.45	Payee address; City; State; Zip Code 911 Panorama Tr South	
		Rochester, NY 14625	
_	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll 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
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 Guid	de explains how to co	omple	ete this form.			
1	Total pages Schedule F1:	FILER NAME				3	1	Filer ID	(Ethics Commission Filers
	Sch: 20/30 Rpt: 24/36	Sparks, Kev	vin D (The Honora	able)			(	00085798	
4	Date	Payee name				'			
	03/14/2025	Paychex							
6	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
	\$139.51	911 Panora	ma Tr South						
		Rochester,	NY 14625						
8	PURPOSE	Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE		ages/Contract Lab			Check if travel outs			
	EXI ENDITORE					Check if Austin, T> Payroll Taxes	Х, с	officeholder living	g expense
						rayion raxes			
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office he	5lq
	expenditure to benefit C/O	Sparks, Kevi		011100 000	agiit				enator District 31
-	Date	Payee name							
	03/17/2025	Paychex							
_	Amount (\$)	Payee addres	ss; City;	State; Zip Co	nde				
	\$166.32		ma Tr South	State, Zip Co	ouc				
	Ψ100.02	JII i anora	ind if Godin						
		Rochester,	NIV 1/1625						
	DUDDOCE				(h)				
	PURPOSE OF		ee Categories listed at the		(D)	Description  Check if travel outs	tside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Salalies/Wa	ages/Contract Lab	JOI		Check if Austin, TX			
						Payroll Expense	e		
	Complete ONLY if direct		ceholder name	Office sou	ught			Office he	
	expenditure to benefit C/Ol	Sparks, Kevii	n (Mr.)					State S	enator District 31
	Date	Payee name							
	04/29/2025	Paychex							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
	\$1,939.35	911 Panora	ma Tr South						
		Rochester,	NY 14625						
	PURPOSE	) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE		ages/Contract Lab			Check if travel outs			
						Check if Austin, TX		officeholder living	j expense
						Payroll Expense	c		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	laht			Office he	Jld
	expenditure to benefit C/Ol	Sparks, Kevi		Onice Soc	agrit				enator District 31
			····/						

## SCHEDULE F1

Advertising Expense Event Exp Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Ser

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	mple	ete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 21/30 Rpt: 25/36	Sparks, Kevin D (The Honorable)		00085798					
4	Date	5 Payee name		<u>'</u>					
	04/29/2025	Paychex							
6	Amount (\$)	7 Payee address; City; State; Zip Co	de						
	\$418.55	911 Panorama Tr South							
		Rochester, NY 14625							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.					
	-			Check if Austin, TX, officeholder living expense Payroll Taxes					
				Taylon Taxos					
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held					
	expenditure to benefit C/OI		J -	State Senator District 31					
F	Date	Payee name							
	04/30/2025	Paychex							
	Amount (\$)	Payee address; City; State; Zip Co	de						
	\$19.19	911 Panorama Tr South							
		Rochester, NY 14625							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE			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/OI		J -	State Senator District 31					
	Date	Payee name							
	06/09/2025	Paychex							
	Amount (\$)	Payee address; City; State; Zip Co	de						
	\$646.45	911 Panorama Tr South							
		Rochester, NY 14625							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE			Check if Austin, TX, officeholder living expense					
				Payroll Expense					
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held					
	expenditure to benefit C/OI		gill	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: Sch: 22/30 Rpt: 26/36	2 FILER NAME Sparks, Kevin D (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085798
4	Date 06/09/2025	5 Payee name Paychex	
6	Amount (\$) \$646.45	7 Payee address; City; State; Zip Code 911 Panorama Tr South	
		Rochester, NY 14625	
8	PURPOSE OF EXPENDITURE	Galaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)	Office held State Senator District 31
	Date 06/09/2025	Payee name Paychex	
	Amount (\$) \$279.03	Payee address; City; State; Zip Code 911 Panorama Tr South	
		Rochester, NY 14625	
	PURPOSE OF EXPENDITURE	Jaianes/Wages/Contract Eabor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense S
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)	Office held State Senator District 31
	Date 06/10/2025	Payee name Paychex	
	Amount (\$) \$97.80	Payee address; City; State; Zip Code 911 Panorama Tr South	
		Rochester, NY 14625	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Cortifact Labor	outside of Texas. Complete Schedule T. n, TX, officeholder living 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

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	l.
1	Total pages Schedule F1: Sch: 23/30 Rpt: 27/36	2 FILER NAME Sparks, Kevin D (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085798
4	Date 06/13/2025	5 Payee name Paychex	- 1
6	Amount (\$) \$646.45	7 Payee address; City; State; Zip Code 911 Panorama Tr South	
8	PURPOSE OF EXPENDITURE	Galaries/ Wages/ Corni act Eabor	travel outside of Texas. Complete Schedule T. 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 State Senator District 31
	Date 06/16/2025	Payee name Paychex	
	Amount (\$) \$139.51	Payee address; City; State; Zip Code 911 Panorama Tr South  Rochester, NY 14625	
	PURPOSE OF EXPENDITURE	Salaries/ Wages/Contract Eabor	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living 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 06/17/2025	Payee name Paychex	
	Amount (\$) \$97.80	Payee address; City; State; Zip Code 911 Panorama Tr South	
		Rochester, NY 14625	
	PURPOSE OF EXPENDITURE	Salaries/ Wages/ Cornilact Eabor	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living 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

#### **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 this form	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/30 Rpt: 28/36	Sparks, Kevin D (The Honorable)	00085798
4	Date	5 Payee name	
	06/27/2025	Paychex	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$646.45	911 Panorama Tr South	
		Rochester, NY 14625	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Galaries/ Wages/ Contract Easter	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Payroll E	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Sparks, Kevin (Mr.)	State Senator District 31
	Date	Payee name	
	06/27/2025	Paychex	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$139.52	911 Panorama Tr South	
		Rochester, NY 14625	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Payroll 1	
	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	
	06/30/2025	Paychex	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$97.80	911 Panorama Tr South	
		Rochester, NY 14625	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE		f travel outside of Texas. Complete Schedule T.
	LAFENDITORE		f Austin, TX, officeholder living expense
		Payroll E	=xperise
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	State Senator District 31
		opano, norm (mi)	State Seriator District ST

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 this form	۱.		
1	Total pages Schedule F1: Sch: 25/30 Rpt: 29/36	2 FILER NAME Sparks, Kevin D (The Honorable)		iler ID 0085798	(Ethics Commission Filers)
4	Date 06/03/2025	5 Payee name Perry's Steak House Austin	•		
6	Amount (\$) \$2,905.11	7 Payee address; City; State; Zip Code 114 West 7th St			
8	PURPOSE OF EXPENDITURE	1 coa/Beverage Expense	travel outside	of Texas. Comp	olete Schedule T. expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)		Office he State Se	ld enator District 31
	Date 05/07/2025	Payee name TX for Vax Choice			
	Amount (\$) \$85.00	Payee address; City; State; Zip Code 1540 Keller Parkway STE 108 #166 Keller, TX 76248			
	PURPOSE OF EXPENDITURE	Gilly Wards/ Wernorials Expense	travel outside	of Texas. Comp	expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)		Office he State Se	ld enator District 31
	Date 03/14/2025	Payee name Texas Federation of Republicans Women			
	Amount (\$) \$187.81	Payee address; City; State; Zip Code PO Box 171146			
		Austin, TX 78717			
	PURPOSE OF EXPENDITURE	Office Overficad/Nerital Expense	travel outside	of Texas. Comp	elete Schedule T.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)		Office he State Se	ld 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

l	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: 26/30 Rpt: 30/36	Sparks, Kevin D (The Honorable)		00085798
4	Date	5 Payee name		
	05/09/2025	Texas Senate		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$25.00	1100 Congress Ave		
L		Austin, TX 78701		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Office Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
L	expenditure to benefit C/OI	H Sparks, Kevin (Mr.)		State Senator District 31
	Date	Payee name		
	06/26/2025	Texas Senate		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$400.00	1100 Congress Ave		
L		Austin, TX 78701		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
L	expenditure to benefit C/OI	H Sparks, Kevin (Mr.)		State Senator District 31
	Date	Payee name		
	06/27/2025	Texas Values		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$500.00	1005 Congress Ave		
l		Suite 830		
		Austin, TX 78701		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Gifts
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	H 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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to comp		,
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 27/30 Rpt: 31/36	Sparks, Kevin D (The Honorable)		00085798
4	Date	5 Payee name		
	06/18/2025	The Monitor McAllen		
6	Amount (\$)	7 Payee address; City; State; Zip Code	<del>)</del>	
	\$475.00	1400 E Nolana Ave		
		McAllen, TX 78504		
8	PURPOSE OF	c , (cor canagement at the top or time constant)	) D	escription
	EXPENDITURE	Office Overhead/Rental Expense	F	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			C	Office Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	Sparks, Kevin (Mr.)		State Senator District 31
	Date	Payee name		
	06/12/2025	The Plaza Restaurant		
	Amount (\$)	Payee address; City; State; Zip Code	<del>)</del>	
	\$46.91	2101 S Soncy Rd		
		Amarillo, TX 79124		
	PURPOSE OF	c , (cor canagement mater an are top or and constant)	) D	Description
	EXPENDITURE	Food/Beverage Expense	F	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			F	Good
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıt	Office held
	expenditure to benefit C/OI	<sup>1</sup> Sparks, Kevin (Mr.)		State Senator District 31
	Date	Payee name		
	01/08/2025	The Spaw Senate Account		
	Amount (\$)	Payee address; City; State; Zip Code	è	
	\$1,100.00	1100 Congress Ave		
		Austin, TX 78701		
	PURPOSE OF	,	) D	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	F	Check if Austin, TX, officeholder living expense
			D	Dues and Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ıt	Office held
	expenditure to benefit C/OI	<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 Committe 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/ The Instruction Guide explains how to comple	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/30 Rpt: 32/36	Sparks, Kevin D (The Honorable)	00085798
4	Date	5 Payee name	
	06/05/2025	The Spaw Senate Account	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$165.00	1100 Congress Ave	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H Sparks, Kevin (Mr.)	State Senator District 31
H	Date	Payee name	
	06/05/2025	The Spaw Senate Account	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$361.25	1100 Congress Ave	
	4001.20	1100 Congress / We	
		Austin, TX 78701	
H	PURPOSE		Description
	OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			Gifts
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held State Senator District 31
L	<u>'</u>	1 Sparks, Kevin (Mr.)	State Seriator District 31
	Date	Payee name	
	02/03/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.44	1725 3rd St	
l			
		San Francisco, CA 94158	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Travel
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		State Senator District 31
$\vdash$			
ı			

### 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 complete this form	•				
1	Total pages Schedule F1: Sch: 29/30 Rpt: 33/36	2 FILER NAME Sparks, Kevin D (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085798				
4	Date 02/03/2025	5 Payee name Uber	·				
6	Amount (\$) \$14.71	7 Payee address; City; State; Zip Code 1725 3rd St					
		San Francisco, CA 94158					
8	PURPOSE OF EXPENDITURE	Traver out or bistrict	1 ravel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Sparks, Kevin (Mr.)	Office held State Senator District 31				
	Date 02/05/2025	Payee name Uber					
	Amount (\$) \$35.25	Payee address; City; State; Zip Code 1725 3rd St					
		San Francisco, CA 94158					
	PURPOSE OF EXPENDITURE	Traver out or District	n ravel outside of Texas. Complete Schedule T. Austin, 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				
	Date 02/20/2025	Payee name Uber					
	Amount (\$) \$11.97	Payee address; City; State; Zip Code 1725 3rd St					
		San Francisco, CA 94158					
	PURPOSE OF EXPENDITURE	Traver out of District	n ravel outside of Texas. Complete Schedule T. austin, 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

#### **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/Politica Credit Card Payment	/ - al Committee	Legal Services	Salaries/W	pense ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
Total pages Schedule F1:	2 FILER NAM	1E			3 Filer ID (Ethics Commission Filers	5)
Sch: 30/30 Rpt: 34/36			)		00085798	
Date	5 Payee nam	e			•	
03/28/2025	Uber					
Amount (\$)	<b>7</b> Payee addr	ress; City;	State; Zip Cod	de		
\$10.99	1725 3rd 9	St				
	San Franc	cisco, CA 94158				
PURPOSE			this schedule)			
	Travel Out	t of District		_		
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Complete ONLY if direct	Candidate/O	fficeholder name	Office sout	ıht	Office held	
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	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment  Total pages Schedule F1: Sch: 30/30 Rpt: 34/36  Date 03/28/2025  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: 2 FILER NAM Sparks, Kr. Sch: 30/30 Rpt: 34/36 Sparks, Kr. Sparks	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: Sch: 30/30 Rpt: 34/36  Date 03/28/2025  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Candidate/Officeholder Scrives  The Instruction Guide ex  Calift/Awards/Memorials Expense  Legal Services  The Instruction Guide ex  Sparks, Kevin D (The Honorable)  Payee name Uber  7 Payee address; City; 1725 3rd St  San Francisco, CA 94158  (a) Category (See Categories listed at the top of Travel Out of District  Candidate/Officeholder name	Complete ONLY if direct Credit Card Polyment  Credit Card Payment  Credit Card Payment  The Instruction Guide explains how to con Salaries/Wi The Instruction Guide explains how to con Total pages Schedule F1: Sparks, Kevin D (The Honorable)  2 FILER NAME Sparks, Kevin D (The Honorable)  5 Payee name Uber  7 Payee address; City; State; Zip Cod San Francisco, CA 94158  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  Candidate/Officeholder name  Office soughtime Candidate/Officeholder name  Office soughtime Candidate/Officeholder name  Office soughtime Candidate/Officeholder name	Complete ONLY if direct  Condidate/Officeholder/Political Committee  Contributions/ Donations Made By-Candidate/Officeholder/Political Committee  Credit Card Payment  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  Total pages Schedule F1: Sch: 30/30 Rpt: 34/36  Sparks, Kevin D (The Honorable)  Date  03/28/2025  Amount (\$)  7 Payee address; City; State; Zip Code  \$10.99  \$10.99  \$1725 3rd St  San Francisco, CA 94158  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  Complete ONLY if direct  Candidate/Officeholder name  Office sought	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment  The Instruction Guide explains how to complete this form.  Total pages Schedule F1: Sch: 30/30 Rpt: 34/36  Sparks, Kevin D (The Honorable)  The Honorable)  Sparks, Kevin D (The Honorable)  Total pages Schedule F1: Sch: 30/30 Rpt: 34/36  Sparks, Kevin D (The Honorable)  Sparks, Kevin D (The Honorable)  Total pages Schedule F1: Sparks, Kevin D (The Honorable)  Sparks, Kevin D (The Honorable)  Total pages Schedule F1: Sparks, Kevin D (The Honorable)  Sparks, Kevin D (The Honorable)  Total pages Schedule F1: Sparks, Kevin D (The Honorable)  Sparks, Kevin D (The Honorable)  Total pages Schedule F1: Sparks, Kevin D (The Honorable)  Sparks, Kevin D (The Honorable)  Total pages Schedule F1: Sparks, Kevin D (The Honorable)  Sp

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

	The Instru	pages Schedule K: L/2 Rpt: 35/36				
2				) (Ethics Commiss	sion Filers)	
	Sparks, Kevin D (The Honorable) 00085				5798	
4	Date 01/31/2025	<ul> <li>Name of person from whom amount is received         West Texas National Bank</li> <li>Address of person from whom amount is received; City; State; Zip Code</li> </ul>	•••••		8 Amount (\$)	\$1,086.19
		Midland, TX 79705				
		7 Purpose for which amount is received	polition	cal cont	ribution returned to	filer
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	West Texas National Bank				\$978.99
		Address of person from whom amount is received; City; State; Zip Code			1	
		Midland, TX 79705				
		Purpose for which amount is received Check if	politic	cal cont	ribution returned to	filer
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/31/2025	West Texas National Bank				\$1,036.35
		Address of person from whom amount is received; City; State; Zip Code			1	
		Midland, TX 79705				
		Purpose for which amount is received Check if	politio	cal cont	ribution returned to	filer
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2025	West Texas National Bank				\$1,004.16
		Address of person from whom amount is received; City; State; Zip Code			1	
		Midland, TX 79705				
		Purpose for which amount is received Check if	politic	cal cont	ribution returned to	filer
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2025	West Texas National Bank				\$1,038.89
		Address of person from whom amount is received; City; State; Zip Code				
		Midland, TX 79705				
		Purpose for which amount is received	politi	cal cont	ribution returned to	filer
		Interest				

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 36/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sparks, Kevin D (The Honorable) 00085798 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2025 \$1,006.61 West Texas National Bank 6 Address of person from whom amount is received; City; State; Zip Code Midland, TX 79705 Purpose for which amount is received Check if political contribution returned to filer Interest