CANDIDA' CAMPAIG							cov		ORM C/OH HEET PG 1
The C/OH Instruction (	Guide explains how	to comple	ete this form.	1 Filer	D (Ethics Commiss	sion Filers)	2 Tot	al pages fi	led: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Mic	FIRST Chael		мі Р				USE ONLY
177 17762	NICKNAME	Sp	LAST D <b>arks</b>		SUF	FIX		DFO:410	R RECOR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 265 CR 4152			сіту: t <b>sburg</b> ,		686	SA		0 8 2024 AKNIGHT
5 CANDIDATE/	AREA CODE	PHONE	NUMBER		EXTENSION		Cour	the Clark	and County Toyon
OFFICEHOLDER PHONE	(432 )		-0151			L			r Date Postnadedt
6 CAMPAIGN	MS / MRS / MR		FIRST	N. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	МІ		Receipt	#	Amount \$
TREASURER NAME	MR	M	ichael		Р		Date Pro	ocessed	
10000	NICKNAME		LAST		SUF	FIX			
		S	parks				Date Im	aged	
7 CAMPAIGN	STREET ADDRESS	NO PO BOX	PLEASE); APT / S	UITE #;	CITY;			STATE;	ZIP CODE
TREASURER ADDRESS	265 CR 4152	2,			Pittsburg.	,		TX	75686
(Residence or Business)									
8 CAMPAIGN TREASURER PHONE	(432 )		-0151		EXTENSION				
9 REPORT TYPE	January 15		30th day before e	election	Runoff			15th day af treasurer a	
	July 15		8th day before ek	ection	Exceeded N Reporting L				rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year			Month	Day	Year	r
COVERED	7	/ <b>1</b>	<b>/ 23</b>	THRO	DUGH	12	/ 31	/ 23	
11 ELECTION	ELECTION DA	TE	1		ELEC1	TION TYPE			
	Month Day	Vaaa	■ Primary	Ru	noff Ot	ther			
	,	Year	Cananal		De	escription			
	3 / 5	<b>24</b>	General	Sp	ecial				
12 OFFICE	OFFICE HELD (if any)		.l	13	OFFICE SOUGH	T (if known	n)		
				C	amp Cou	inty S	heriff	:	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	EHOLDER. 7	HESE EXPENDITURE	ACCEPTED OR	POLITICAL EXPEN	DITURES M	ADE BY PO	LITICAL COI	DER'S KNOWLEDGE OF
COMMITTEE(S)	COMMITTEE TYPE	COMMITT			we committee		resout		
	GENERAL	COMMITT	EE ADDRESS					******	
Additional Pages									
	SPECIFIC	COMMITT	EE CAMPAIGN TRE	ASURER NAI	ИE				
		COMMITT	EE CAMPAIGN TR	EASURER AD	DRESS				
	1		GO TO	PAGE 2	2				

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

idate/Officeholder (Declarant)

15 C/OH NAME Michael P Sparks		11	<b>6</b> Filer	ID (Eth	nics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	1,640.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	1,640.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	3,429.40
	4.	TOTAL POLITICAL EXPENDITURES		\$	3,429.40
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	510.60
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE	\$	2,300.00

**18 SIGNATURE** 

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

Please complete either option below:

Signature of Candidate or Officeholder

(1) Affidavit this the 8th day of January certify which, witness my hand and seal of office Printed name of officer administering oath (2) Unsworn Declaration My name is Michael P Sparks , and my date of birth is 05/02/1969My address is 265 CR 4152 **Pittsburg** 75686 US (street) (state) (zip code) (country)  $_{\text{Executed in }}\underline{\text{Camp}}$ County, State of Texas , on the 8th 2024

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

### FORM C/OH COVER SHEET PG 3

	FILER NAME	20 Filer ID (Ethics Com	missi	on Filers)
Mi	chael Sparks			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,500.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	2,300.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$	3,429.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	ONS RETURNED	\$	

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2		
FILER NAME Michael P		3 Filer ID (Ethics Commission Filers)		
1 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
8/17/2023	6 Contributor address; City; State; Zip Code 107 Randall Ln, Pittsburg, TX 75686	250.00		
Principal occu	pation / Job title (See Instructions)  9	tructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
09/21/2023	Contributor address; City; State; Zip Code 1535 LP 179, Pittsburg, TX 75686	500.00		
Principal occup	pation / Job title (See Instructions)  Employer (See Ins	tructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
9/21/2023	Contributor address; City; State: Zip Code 204 PR 54166, Pittsburg, TX 75686	250.00		
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tructions)		
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)		
0/02/2023	Contributor address; City; State; Zip Code	200.00		
Principal occup	77 CR 3301, Pittsburg, TX 75686  Dation / Job title (See Instructions)  Employer (See Instructions)	tructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	SNEEDED		

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 2
FILER NAME Michael P		3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor out-of-state Edward Hicks	7 Amount of contribution (\$)	
10/17/2023	6 Contributor address; City; 103 Himont St. Pittsbu	State; Zip Code	100.00
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state  Randy Lange	PAC (ID#:)	Amount of contribution (\$)
0/17/2023	Contributor address; City; 21 PR 54166, Pittsburg	Slate: Zip Code g, TX 75686	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state  Mike Perzel	PAC (ID#:)	Amount of contribution (\$)
0/17/2023	Contributor address; City; 1039 CR 1338, Pittsbu	State: Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

### LOANS SCHEDULE E

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

ii iiic requested			include this pa	ge m me rep	
The	Instruction Guide explains ho		1 Total pages Schedule E:		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Michael P. Sp	oarks				
4 TOTAL OF UN	NITEMIZED LOANS				\$ 2,300.00
5 Date of loan	7 Name of lender [	out-of-state PA	AC (ID#:	)	9 Loan Amount (\$)
08/28/2023	Michael P Sparks				2,300.00
6 Is lender	8 Lender address;	City;	State;	Zip Code	10 Interest rate
a financial Institution?	265 CR 4152	Pittsburg	TX	75686	0.00
Γ y ■ N		-			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See	Instructions)	
14 Description of Coll.  none	ateral			if personal fund it (See Instruction	ds were deposited into political ions)
16 GUARANTOR	17 Name of guarantor				19 Amount Guaranteed (\$)
INFORMATION					19 Amount Guaranteeu (φ)
	18 Guarantor address;	City;	State;	Zip Code	
■ not applicable					
					L
20 Principal Occupat	ion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender [				Loan Amount (\$)
Date Of Ivan	Name or lenuer [	out-of-state P/	PAC (ID#:		Loan Amount (\$\psi\$)
					<b>.</b>
Is lender a financial	Lender address;	City;	State;	Zip Code	Interest rate
Institution?					Maturity date
Y   N					
Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
Description of Colla	ateral		Check i	f porcenal fund	to warm denominal into political
none				t (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable					
Principal Occupation	on (See Instructions)	Constitution of the Consti	Employer (See	Instructions)	
	ATTACH ADDITI	ONAL COPIL	ES OF THIS SCHE	DUI F AS NEE	DED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memo Legal Services		Office Over Polling Exp Printing Ex		Transportation E Travel In Distric Travel Out Of D		
O'con Octor dymen.		The Instruction	n Guide explai	ins how to co	omplete this form.			
1 Total pages Schedule F1: 9	2 FILER NA Michael F					3 Filer ID (E	thics Commission	Filers)
8/23/23	5 Payee nar	oles i	Print	19				
6 Amount (\$)	7 Payee add	,		,	City;	State		
121.64	435,	1 Dall	as Hu	Vorth	TPKe, ste	200 Oct	Ks. K7	S211
8		(See Categories list	ed at the top of thi		(b) Description			
PURPOSE OF EXPENDITURE	Aduer	hs ng Ext	pense		Business Cards			
	(c)	Check if travel outside	of Texas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder	living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholde	r name		Office sought		Office held	
Date	Payee nar	me						
8/25/23	544	Oles.	Prin	ting				
Amount (\$)	Payee add	dress;			City;	State	Zip Code	
A/L08.83	4351	Dallas.	Ft Wor	th to	Ke Xe20	Dalla	DTX 75	ે ચ
	Category	(See Categories liste	d at the top of this	schedule)	Description	2 'm		_
PURPOSE OF EXPENDITURE	Adue	rhsny	3 Expe	PISE	Post lan	d5 5/114	spetic s	1913
		Check if travel outside	of Texas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder	living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholde	name		Office sought		Office held	
Date	Payee na	me						
8/28/23	PM	neda	10/0	ount.	n/ //4	Ь		
Amount (\$)	Payee add	dress;			City;	State	Zip Code	
#25000	640	o 514	11 8	$\rho_{\prime}$	th hung	78	75680	0
	Category	(See Categories liste	d at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Adver	tising	Exper	15-C	Ad in M	1999 Ziv	1-E	
		Check if travel outside of	of Texas. Complete	Schedule T.	Check if Aus	stin, TX. officeholder	living expense	
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholde	r name	70	Office sought		Office held	
	ATT	ACH ADDITIO	NAL COPIES	S OF THIS	SCHEDULE AS NE	EDED		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex			Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment		•		o complete this form.	Outer (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
9		P Sparks			(2	
Pho pho a	5 Payee na		c' M			
0108123		JAINTS	5 Mor		<u> </u>	
6 Amount (\$)  HIGT AT	7 Payee a	60 12/1		City;	State;	Zip Code
11/2.00	10	CK 190		411004		SUR
8	(a) Catego	y (See Categories listed at the	e top of this schedule)	(b) Description	•	
PURPOSE OF	11			7		
EXPENDITURE	HAU	ertising 8	KAL115A	Dani	1eR	
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	stin, TX, officeholder living	ı expense
9 Complete ONLY if direct	L	late / Officeholder name	·	Office sought	,	Office held
expenditure to benefit C/OF		Tale / Officeriolder flame	<b></b>	Onice sought		Onice rield
Date	Payee na	ame				
8/27/23	1/1	My and	More	2		
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\$45,50	5,	TeHerso	m 1.	Mr Aras	ant Tx	75155
	Categor	(See Categories listed at the	top of this schedule)	Description	<del></del>	
PURPOSE OF EXPENDITURE	Adu	ertisina e	KDP05E	· Decals	GR KOOF	ies
	71200	Check if travel outside of Texas.	Complete Schedule T	Chark if Aus	stin, TX, afficeholder living	1 AVOADSA
0 1. 0.4277	Candia	late / Officeholder name			Star, 1X, Unicendicer avail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeroider flame	;	Office sought		Office held
Date	Payee n	ame				
8/22/23	J	FFU Shi	iRts			
Amount (\$)	Payee a	ddress;	· · · · · · · · · · · · · · · · · · ·	City;	State;	Zip Code
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1	Category	(See Categories listed at the	top of this schedule)	Description	111111111111111111111111111111111111111	
PURPOSE OF EXPENDITURE	Dhi	ochsine?	Coons	e shirts h	1002505	i Rose
	your	Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder nam		Office sought		Office held
	та	TACH ADDITIONAL (	OPIES OF TH	IS SCHEDI II E AS ME	EDED	
	~1	INVITADOLI IVIAL (	JUTILU UT 111	io ooi ildull ad Ne		i

### SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 9	2 FILER NAME Michael P Sparks		3 Filer ID (Ethics Commission Filers)
4004/1/23	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#69.39	4775 FM 993	B Pittsburg	7 14 75686
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	ense Shirt 8	Embrodery 1, IX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/8/23	Danger Ridd	Paintry Cl	
Amount (\$)	Payee address;	City;	State; Zip Code
A 200 00	98 2100 DIR TX	11 Dango Pa	eld Ty 75138
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	ense Ad il	Bennen Plansen 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/8/23	Provider Da	45	
Amount (\$)	Payee address;	City;	State; Zip Code
#4000	Category (See Categories listed at the top of this so	p. Hour	TX 75680
PURPOSE OF EXPENDITURE	CHUNT TYPENSE  Check if travel outside of Texas. Complete Sc	Leaders	h'p luw bean  T.X. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Exponse Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Qut Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form,	
1 Total pages Schedule F1: 9	2 FILER NAME Michael P Sparks		3 Filer ID (Ethics Commission Filers)
18/23/23	5 Payee name	intine	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$21.34	4351 Daillas Ft Worth	TPKE, Dallas -	TK 25211
8	(a) Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	Adurtising Exp	Lens Bus	iness lords
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
9/18/23	T Shirts & Mo.	C	
Amount (\$)	Payee address;	City;	State; Zip Code
411000	40 CR 1310	Pithbur	x 75686
•	Category (See Categories listed at the top of this sci	hedule) Description	
PURPOSE OF EXPENDITURE	Adult tising Exa	ers Barr	Pek
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/22/23	Staples Pri	nting	
Amount (\$)	Payee address;	City;	State; Zip Code
486.59	4351 Doublas Frus	all toke De	Des Tr-75211
and the state of t	Category (See Categories listed at the top of this sch	nedule) Description	( ) ( ) ( )
PURPOSE OF EXPENDITURE	Aduer tising Expe	use Pos.	+ lands
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NEE	DED

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Gift/Award	rage Expense s/Memorials Expense	Office Overho Polling Exper Printing Expe		Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
Credit Card Payment	The ins	truction Guide explain	ns how to cor	nplete this form.		
1 Total pages Schedule F1: 9	2 FILER NAME Michael P Spar	ks	***************************************		3 Filer ID (Ethics	Commission Filers)
4 Date /29/23	5 Payee name	Kshires	-			
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
81.67	102 N	Greek	P	ithour	3, TX 7	5686
8	(a) Category (See Categ	gories listed at the top of this	schedule)	(b) Description	مانده	Ga
PURPOSE	_ /	1	-	PICK UP.	supplies	182
OF EXPENDITURE	Travelo	Patol US	trict	event		
		el outside of Texas. Complete S	Schedule T.		n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office	eholder name		Office sought		Office held
Date	Payee name					
9/29/23	J. H.	Shi	+5			
Amount (\$)	Payee address;			City;	State;	Zip Code
1/1.24	1000 N.	Mostsy	Se12	w, Wil	minton	De 19891
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PURPOSE OF EXPENDITURE	Adver to	51 m En	opso	T.	Shirts	
	Check if trave	d outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought		Office held
Date	Payee name					
8/29/23	LGA	Pitts	burg	<b>~</b>		
Amount (\$)	Payee address;		,,,,,	City;	State;	Zip Code
	646 5 H	11 2	P;	tt bure	By Nrell	75686
	Category (See Catego	ories listed at the top of this	schedule)	Description	)	
PURPOSE OF	11			1117	7)	1
EXPENDITURE	Hullot	SPG ENDE	150	HA F E	saprell	-
	Check if trave	outside of Texas. Complete S	ichedule T.	Check if Austi	n, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	eholder name		Office sought		Office held
	ATTACH AD	DITIONAL COPIES	OF THIS S	CHEDULE AS NEE	EDED	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Verage Expense Office Overhead/Rental Expense Verage Expense Printing Expense  Printing Expense		ng Expense nent & Related Expense ry not listed above)
Credit Card Payment	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1: 9	2 FILER NAME Michael P Sparks		3 Filer ID (Ethics	Commission Filers)
10/8/23	5 Payee pame Staples Pri	nting		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
449.09	435/ Dullas Fruso;	11 TRKS, SK20	v Dollas	TX 75211
8 ′ ′	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF	11		,	, ,
EXPENDITURE	Hallertrang & per	se Invitet	on to E	UNT
:	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	,	Office held
Date	Payee name			
10/9/23	540165			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 275B	13de 5 Jeffers	ion MAPlas	sent Ti	75455
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	A Suent Expense	Address	labels à fa	) Dec
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	in, TX, afficeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
9/11/23	Michael Spar	B		
Åmount (\$)	Payee address;	City;	State;	Zip Code
#3200	265CR 4152,	Pitts bur	3 TX :	75686
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Loan Repayment	toan &	elaypent	4
	Check if travel outside of Texas. Complete Sch		in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Over Polling Exp printing Exp		Travel In District Travel Out Of District	oment & Related Expense		
	The Instruction Gui	de explains how to co	omplete this form.				
1 Total pages Schedule F1: 9	2 FILER NAME Michael P Sparks			3 Filer ID (Ethic	s Commission Filers)		
4 Date 10/10/2-3	5 Payee name US Rost	offi	r CE				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code		
6/0200	151 E Mer	shall St	Pitsbu	1181 K	7568E		
8	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description	<i>)</i> .			
PURPOSE OF	5		- 101	• 0	ı		
EXPENDITURE	CLEAT EXPENSE Invitation Postage						
	(C) Check if travel outside of Texas	. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	е	Office sought		Office held		
Date	Payee name						
10/14/23	5yms (	46					
Amount (\$)	Payee address;		City;	State;	Zip Code		
1285.23	HU OKE	h h	orgvien	TX	75605		
	Category (See Categories listed at the	e top of this schedule)	Déscription	_			
PURPOSE OF EXPENDITURE	Event Exp	ense	Filt	y suff	DK's		
	Check if travel outside of Texas			n, TX, officeholder livin			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder nam	<b>e</b>	Office sought		Office held		
Date	Payee name						
10/16/23	Brooksh	ires					
Amount (\$)	Payee address;		City;	State;	Zip Code		
F192.52	Category (See Categories listed at the	EEE top of this schedule)	PHSDW	15TX	7568		
PURPOSE OF EXPENDITURE	Event Exp	ense	Fish Fr	2/ Sep	plies		
	Check if travel outside of Texas	. Complete Schedule T.	Check if Austri	n, TX. officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder nar	ne	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	d Committee 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)					
The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: 2 FILER NAME  3 Filer ID (Ethics Commission Filers)								
9	Michael P Sparks		3 Filer ID (Ethics Commission Filers)					
4 Date /2 /2 /2 /2	5 Payee name							
10/11/123	QUINI \$10	0:1						
6 Amount (\$) 4/0625	7 Payee address; 4775 fm 993	Pithburg	State; Zip Code					
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description						
PURPOSE OF EXPENDITURE	Adjustisin 800	ouse Shirt	Improder's					
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name	- 4						
10/17/23	Pittsburg R	QV.						
Amount (\$)	Payee address;	City;	State; Zip Code					
\$ 30 OD	1242 LP 179	Pittsbur	19 TX 75686					
	Category (See Categories listed at the top of this sci	nedule) Description	, ,					
PURPOSE OF EXPENDITURE	Event Expense	, Papa	re-Fish Fa					
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held					
Date	Payee name							
10/16/23	Brookshires							
Amount (\$)	Payee address;	City;	State; Zip Code					
#39.35	Category (See Categories listed at the top of this sci	Pescription	13 TX 75686					
PURPOSE OF EXPENDITURE	EUNT EXOLIS	e fish for	ry Supplies					
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

### SCHEDULE F1

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

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: 9	2 FILER NAME Michael P Sparks		3 Filer ID (Ethics	Commission Filers)			
4 Date 11/27/23	5 Payee name  ADRE DEPOT						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
8	(a) Category (See Categories listed at the top of this schedule)	) Hue, NH \ (b) Description	lessant	¥75455			
PURPOSE OF EXPENDITURE	Advertising Expense	Bannel	\$5tc	nd			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	ustin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	1	Office held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	stin, TX. officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							