

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
HOWARD ~~Witham~~ ^W W.
NICKNAME LAST SUFFIX
BILL Sparks

OFFICE USE ONLY

Date Received

CITY CLERK'S OFFICE

OCT 23 11 00 AM '04

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2645 ANISE DRIVE
EL PASO, TEXAS 79936

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 593-6934

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
HOWARD ~~Witham~~ ^W W.
NICKNAME LAST SUFFIX
BILL Sparks

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2645 ANISE DRIVE
EL PASO, TEXAS 79936

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 593-6934

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
10 / 01 / 2004 THROUGH 10 / 23 / 2004

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 02 / 2004
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Representative

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME H. W. "BILL" SPARKS *Handwritten*
William Sparks
16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 115 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 776 ¹⁴
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1923 ⁵⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 435 ⁵⁴
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1582 ⁹⁷

19 AFFIDAVIT



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.

Handwritten Signature
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Howard William Sparks, this the 25th day of October, 20 04, to certify which, witness my hand and seal of office.

Handwritten Signature Signature of officer administering oath
 MARIA G. Richman Printed name of officer administering oath
 Notary Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

H. W. BILL SPARKS *Hand*
WILLIAM SPARKS

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-4-2004

5 Full name of contributor out-of-state PAC (ID#:

C S RHODES

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

10720 ADAUTO
EL PASO, TEXAS 79935

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-14-2004

Full name of contributor out-of-state PAC (ID#:

DAVID R. DANIELS

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

19 CIELO VISTA
ANTHONY, NEW MEXICO

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18-2004

Full name of contributor out-of-state PAC (ID#:

RICHARD CANE

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2027 AIRWAY BLVD.
EL PASO, TEXAS 79925

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-11-2004

Full name of contributor out-of-state PAC (ID#:

ROSALIO MUNOZ, JR.

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1219 BARRANCA DRIVE
EL PASO, TEXAS 79935

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-12-2004

Full name of contributor out-of-state PAC (ID#:

VIRGINIA KING

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1201 AIRWAY
EL PASO, TEXAS 79925

61.14
Advertising

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **3**

2 FILER NAME **H.W. "BILL" SPARKS ^{Hud}**
~~William~~ Sparks 3 ACCOUNT # (Ethics Commission filers)

4 Date 10-8-2004	5 Payee name Black El Paso Democrats	7 Amount (\$) 40⁰⁰
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) ADVERTISING	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10-10-2004	Payee name KVIA-TV	Amount (\$) 30⁰⁰
Payee address; City; State; Zip Code 4140 RIO BRAVO EL PASO, TEXAS 79902		

Purpose of payment (See instructions regarding type of information required.) ADVERTISING	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10-11-2004	Payee name County of El Paso	Amount (\$) 50⁰⁰
Payee address; City; State; Zip Code City-County Bldg EL PASO, TEXAS 79901		

Purpose of payment (See instructions regarding type of information required.) Voter History Lists	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10-4-2004	Payee name City of El Paso, Texas	Amount (\$) 250⁰⁰
Payee address; City; State; Zip Code 2 CIVIL CENTER PLAZA EL PASO, TEXAS 79901		

Purpose of payment (See instructions regarding type of information required.) Filing Fee	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **H.W. "BILL" SPARKS**
WILLIAM SPARKS

3 ACCOUNT # (Ethics Commission filers)

4 Date 10-12-2004	5 Payee name FAST SIGNS	7 Amount (\$) 61¹⁴-
6 Payee address; City; State; Zip Code 1201 AIRWAY EL PASO, TEXAS 79925		

8 Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN ADVERTISING

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 10-11-2004	Payee name MIKE DIAZ	Amount (\$) 30⁰⁰-
Payee address; City; State; Zip Code 5803 TROWBRIDGE EL PASO, TEXAS 79903		

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN WORKER

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 10-18-2004	Payee name FAST SIGNS	Amount (\$) 48⁷¹-
Payee address; City; State; Zip Code 1201 AIRWAY EL PASO, TEXAS 79925		

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN SIGNS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 10-15-2004	Payee name FAST SIGNS	Amount (\$) 106²⁶-
Payee address; City; State; Zip Code 1201 AIRWAY EL PASO, TEXAS 79925		

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN SIGNS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

H. W. "BILL" SPARKS ^{Hud}
~~WILLIAM SPARKS~~

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10-8-2004

MINUTE MAN PRESS

6 Payee address; City; State; Zip Code

1201 AIRWAY
 EL PASO, TEXAS 79925

124⁴⁹

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN FLYERS

9 ** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10-20-2004

FAST SIGNS

Payee address; City; State; Zip Code

1201 AIRWAY
 EL PASO, TEXAS 79902

389⁷⁰

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10-22-2004

OFFICE DEPOT

Payee address; City; State; Zip Code

1313 GEORGE DIETER
 EL PASO, TEXAS 79936

13²⁷

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SUPPLIES

** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10-28-04

EL PASO TIMES

Payee address; City; State; Zip Code

P.O. Box 20
 EL PASO, TEXAS 79901

780⁰⁰

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED