### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00088078	· · ·	2 Total pages file 26	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	
OFFICEHOLDER	Mr.	Jason Mitchel	I			SE ONET
NAME					Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024	
		Little				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	-Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	2841 Seven Shields Lan	е				
MAILING ADDRESS					Receipt #	Amount
Change of Address	Lewisville, TX 75056				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER				IVII		
NAME	Mrs.	Caitlyn B.				
	NICKNAME	LAST		SUFFIX		
		Tortorici				
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	421 Office Park Drive					
ADDRESS						
(Residence or Business)	Manustain Duash, AL 0500					
	Mountain Brook, AL 3522	23				
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(205) 440-2873					
PHONE	(203) 440-2073					
8 REPORT						
TYPE	January 15	X 30th day before	e election	Runoff	15th day after cam	paign treasurer
					appointment (office	eholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TI	HROUGH	01/25/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
			Jonoral			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa		
				State Representa	anve District 05	
		GO T	FO PAGE 2			
Forms provided by Te	exas Ethics Commission		hics.state.tx.u	s	Versio	on V3.5.1.9000c471
				-	v 01 010	

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Little, Jason Mitchell	(Mr.)	14 Filer ID ( 00088078	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES, LOANS,		
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	(OTHER THAN I	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	157,060.00
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$	0.00
		AL EXPENDITURES		\$	157,900.46
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	148,296.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	75,000.00
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		Mr. Ja	ason Mitchell Little		
		Signature of	f Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administeri	ng oath
	was Ethics Commission	www.athios.atoto.towa			

SUBTOTALS - C/OH	CC	FORM OVER SHEE	<b>C/OH</b> <b>T PG 3</b> 3 of 26
18 FILER NAME Little, Jason Mitchell (Mr.)	<b>19</b> Filer ID 00088078	(Ethics Commiss	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL	. AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	157,060.00
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	\$	157,900.46
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. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.       1       Total pages Schedule A1: Sch: 1/12 Rpt: 4/26         2       FILER NAME Little, Jason Mitchell (Mr.)       3       Filer ID       Cehics Commission Filers) 0008078         4       Date 01/25/2024       5       Full name of contributor       out-of-state PAC (De:)       7         8       Principal occupation / Job title (See Instructions) REAL ESTATE       9       Employer (See Instructions) SELF EMPLOYED       Amount of Contribution (S)         01/25/2024       Full name of contributor       out-of-state PAC (De:) SELF EMPLOYED       Amount of Contribution (S)         01/25/2024       Full name of contributor       out-of-state PAC (De:) SELF EMPLOYED       Amount of Contribution (S)         01/25/2024       Full name of contributor       out-of-state PAC (De:) SELACKWELL DUNCAN PLLC       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) ATTORNEY       Employer (See Instructions) BLACKWELL DUNCAN PLLC       Amount of Contribution (S)         01/25/2024       Full name of contributor       out-of-state PAC (De:) Out-of-state PAC (De:)       Amount of Contribution (S)         01/25/2024       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution (S)         01/32024       Full name of contributor address; City State; Zip Code <t< th=""></t<>
Little, Jason Mitchell (Mr.)       00088078         4 Dete       5 Full name of contribution on out-of-state PAC (IDF:)       7 Amount of Contribution (S) S25.0         0/25/2024       BARNES, GREG       \$ Contributor address; City, State; Zip Code       \$ S25.0         6 Contributor address; City, State; Zip Code       DALLAS, TX 75219       \$ Employer (See Instructions) SELF EMPLOYED       \$ Amount of Contribution (S) S1.000.0         8 Principal occupation / Job title (See Instructions)       Full name of contributor on out-of-state PAC (IDF:
4       Date       5       Full name of contributor       out-of-state PAC (ID#:
01/25/2024       BARNES, GREG       \$25.0         6       Contributor address; City; State; Zip Code       \$25.0         7       DALLAS, TX 75219       \$2         8       Principal occupation / Job title (See Instructions) REAL ESTATE       \$2         Date       Full name of contributor
i       6       Contributor address; City; State; Zip Code         DALLAS, TX 75219       9       Employer (See Instructions) SELF EMPLOYED         REAL ESTATE       0       0-to-t-state PAC (ID#         Date       Full name of contributor       out-of-state PAC (ID#         01/25/2024       Full name of contributor       out-of-state PAC (ID#         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) BLACKWELL DUNCAN PLLC         Principal occupation / Job title (See Instructions) ATTORNEY       Employer (See Instructions) BLACKWELL DUNCAN PLLC         Date       Full name of contributor       out-of-state PAC (ID#         01/25/2024       Full name of contributor       out-of-state PAC (ID#         ARGYLE, TX 76226       Full name of contributor       out-of-state PAC (ID#         Principal occupation / Job title (See Instructions) HEALTH       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         01/13/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$) <t< td=""></t<>
B       Principal occupation / Job title (See Instructions) REAL ESTATE       9       Employer (See Instructions) SELF EMPLOYED         Date 01/25/2024       Full name of contributor
8       Principal occupation / Job title (See Instructions) REAL ESTATE       9       Employer (See Instructions) SELF EMPLOYED         Date 01/25/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$1,000.0         Principal occupation / Job title (See Instructions) ATTORNEY       Employer (See Instructions) BLACKWELL DUNCAN PLLC       Amount of Contribution (\$) \$1,000.0         Date 01/25/2024       Full name of contributor out-of-state PAC (ID#:) BUCHANAN, MARTY       Amount of Contribution (\$) BLACKWELL DUNCAN PLLC         Date 01/25/2024       Full name of contributor out-of-state PAC (ID#:) BUCHANAN, MARTY       Amount of Contribution (\$) BUCHANAN, MARTY       \$10.0         Principal occupation / Job title (See Instructions) HEALTH       Employer (See Instructions) COUNTY       Amount of Contribution (\$) \$200.0         Principal occupation / Job title (See Instructions) HEALTH       Employer (See Instructions) COUNTY       Amount of Contribution (\$) \$200.0         Date 01/13/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$200.0         BARTONVILLE, TX 76226       Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$200.0
8       Principal occupation / Job title (See Instructions) REAL ESTATE       9       Employer (See Instructions) SELF EMPLOYED         Date 01/25/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City: State; Zip Code       Amount of Contribution (\$) \$1,000.0         Principal occupation / Job title (See Instructions) ATTORNEY       Employer (See Instructions) BLACKWELL DUNCAN PLLC       Amount of Contribution (\$) \$1,000.0         Date 01/25/2024       Full name of contributor out-of-state PAC (ID#:) BUCHANAN, MARTY       Amount of Contribution (\$) BUCHANAN, MARTY       Amount of Contribution (\$) BUCHANAN, MARTY         O1/25/2024       Full name of contributor out-of-state PAC (ID#:) ARGYLE, TX 76226       Amount of Contribution (\$) BUCHANAN, MARTY       \$10.0         Principal occupation / Job title (See Instructions) HEALTH       Employer (See Instructions) COUNTY       Amount of Contribution (\$) \$200.0         Principal occupation / Job title (See Instructions) HEALTH       Employer (See Instructions) COUNTY       Amount of Contribution (\$) \$200.0         Date 01/13/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$200.0         BARTONVILLE, TX 76226       Employer (See Instructions) Countributor address; City; State; Zip Code       Amount of Contribution (\$) \$200.0
8       Principal occupation / Job title (See Instructions) REAL ESTATE       9       Employer (See Instructions) SELF EMPLOYED         Date 01/25/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City: State; Zip Code       Amount of Contribution (\$) \$1,000.0         Principal occupation / Job title (See Instructions) ATTORNEY       Employer (See Instructions) BLACKWELL DUNCAN PLLC       Amount of Contribution (\$) \$1,000.0         Date 01/25/2024       Full name of contributor out-of-state PAC (ID#:) BUCHANAN, MARTY       Amount of Contribution (\$) BUCHANAN, MARTY       Amount of Contribution (\$) BUCHANAN, MARTY         O1/25/2024       Full name of contributor out-of-state PAC (ID#:) ARGYLE, TX 76226       Amount of Contribution (\$) BUCHANAN, MARTY       \$10.0         Principal occupation / Job title (See Instructions) HEALTH       Employer (See Instructions) COUNTY       Amount of Contribution (\$) \$200.0         Principal occupation / Job title (See Instructions) HEALTH       Employer (See Instructions) COUNTY       Amount of Contribution (\$) \$200.0         Date 01/13/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$200.0         BARTONVILLE, TX 76226       Employer (See Instructions) Countributor address; City; State; Zip Code       Amount of Contribution (\$) \$200.0
REAL ESTATE       SELF EMPLOYED         Date 01/25/2024       Full name of contributor
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/25/2024       BLACKWELL, MELINDA       \$1,000.0         Contributor address; City; State; Zip Code       PLANO, TX 75074       \$1,000.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         ATTORNEY       BUCHANAN, MARTY       Amount of Contribution (\$)       \$10.00         01/25/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/25/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/25/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/25/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$200.0         HEALTH       CARRINGTON, HENRY       Amount of Contribution (\$)       \$200.0         01/13/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/13/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
01/25/2024       BLACKWELL, MELINDA       \$1,000.0         Contributor address; City; State; Zip Code       Fullopy (See Instructions)       \$1,000.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       BLACKWELL DUNCAN PLLC         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$10.0         01/25/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$10.0         01/25/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$10.0         01/25/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$10.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$10.0       \$10.0         HEALTH       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$200.0         01/13/2024       Full name of contributor       out-of-state PAC (ID#
Contributor address; City; State; Zip Code       PLANO, TX 75074         Principal occuration / Job title (See Instructions)       Employer (See Instructions)         ATTORNEY       BLACKWELL DUNCAN PLLC         Date       Full name of contributor out-of-state PAC (D#:)         ARGYLE, TX 76226       Amount of Contribution (\$)         Principal occuration / Job title (See Instructions)       Employer (See Instructions)         ARGYLE, TX 76226       ARGYLE, TX 76226         Principal occuration / Job title (See Instructions)       Employer (See Instructions)         HEALTH       Contributor out-of-state PAC (D#:         Date       Full name of contributor out-of-state PAC (D#:         Date       Full name of contributor         01/13/2024       CARRINGTON, HENRY         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         01/13/2024       Full name of contributor out-of-state PAC (D#: (Contributor address; City; State; Zip Code       Amount of Contribution (\$)         BARTONVILLE, TX 76226       Employer (See Instructions)       Amount of Contribution (\$)
PLANO, TX 75074     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       ATTORNEY     BLACKWELL DUNCAN PLLC       Date     Full name of contributor     out-of-state PAC (ID#       01/25/2024     BUCHANAN, MARTY     Amount of Contribution (\$)       Contributor address; City; State; Zip Code     ARGYLE, TX 76226       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       HEALTH     COUNTY       Date     Full name of contributor     out-of-state PAC (ID#       01/13/2024     CARRINGTON, HENRY     COUNTY       Date     Full name of contributor     out-of-state PAC (ID#       01/13/2024     CARRINGTON, HENRY     Amount of Contribution (\$)       01/13/2024     CARRINGTON, HENRY     \$200.0       BARTONVILLE, TX 76226     Employer (See Instructions)     \$200.0
Principal occupation / Job title (See Instructions) ATTORNEY       Employer (See Instructions) BLACKWELL DUNCAN PLLC         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/25/2024       BUCHANAN, MARTY
Principal occupation / Job title (See Instructions) ATTORNEY       Employer (See Instructions) BLACKWELL DUNCAN PLLC         Date       Full name of contributor       out-of-state PAC (ID#:) BUCHANAN, MARTY       Amount of Contribution (\$)         01/25/2024       BUCHANAN, MARTY       Amount of Contribution (\$)         01/25/2024       Gontributor address; City; State; Zip Code       Amount of Contribution (\$)         01/25/2024       ARGYLE, TX 76226       Employer (See Instructions) COUNTY         Principal occupation / Job title (See Instructions)       Employer (See Instructions) COUNTY         Date       Full name of contributor       out-of-state PAC (ID#:) COUNTY         Date       Full name of contributor       out-of-state PAC (ID#:) COUNTY         Date       Full name of contributor       out-of-state PAC (ID#:) COUNTY       Amount of Contribution (\$)         01/13/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         BARTONVILLE, TX 76226       Employer (See Instructions)       S200.0
Principal occupation / Job title (See Instructions) ATTORNEY       Employer (See Instructions) BLACKWELL DUNCAN PLLC         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/25/2024       BUCHANAN, MARTY
ATTORNEY       BLACKWELL DUNCAN PLLC         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         01/25/2024       BUCHANAN, MARTY       \$10.0         Contributor address; City; State; Zip Code       ARGYLE, TX 76226       \$10.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         HEALTH       COUNTY       Amount of Contribution (\$)       \$200.0         01/13/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$200.0         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$200.0         O1/13/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$200.0         BARTONVILLE, TX 76226       BARTONVILLE, TX 76226       Amount of Contribution (\$)       \$200.0
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/25/2024       BUCHANAN, MARTY       \$10.0         Contributor address; City; State; Zip Code       ARGYLE, TX 76226         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         HEALTH       COUNTY         Date       Full name of contributor       out-of-state PAC (ID#:)         01/13/2024       Full name of contributor       out-of-state PAC (ID#:)         O1/13/2024       Full name of contributor       out-of-state PAC (ID#:)         BARTONVILLE, TX 76226       Amount of Contribution (\$)
01/25/2024       BUCHANAN, MARTY       \$10.0         Contributor address; City; State; Zip Code       \$10.0         ARGYLE, TX 76226       \$10.0         Principal occuation / Job title (See Instructions)       Employer (See Instructions)         HEALTH       COUNTY         Date       Full name of contributor
Contributor address; City; State; Zip Code         ARGYLE, TX 76226         Principal occupation / Job title (See Instructions) HEALTH         Date         Full name of contributor         O1/13/2024         CARRINGTON, HENRY         Contributor address; City; State; Zip Code         BARTONVILLE, TX 76226
ARGYLE, TX 76226   Principal occuration / Job title (See Instructions)   HEALTH   Date   Full name of contributor   Out-of-state PAC (ID#:)   Amount of Contribution (\$)   CARRINGTON, HENRY   Contributor address; City; State; Zip Code   BARTONVILLE, TX 76226
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         HEALTH       COUNTY         Date       Full name of contributor out-of-state PAC (ID#:)         01/13/2024       CARRINGTON, HENRY         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         BARTONVILLE, TX 76226       Employer (See Instructions)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         HEALTH       COUNTY         Date       Full name of contributor out-of-state PAC (ID#:)         01/13/2024       CARRINGTON, HENRY         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         BARTONVILLE, TX 76226       Employer (See Instructions)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         HEALTH       COUNTY         Date       Full name of contributor out-of-state PAC (ID#:)         01/13/2024       CARRINGTON, HENRY         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         BARTONVILLE, TX 76226
HEALTH       COUNTY         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/13/2024       CARRINGTON, HENRY       \$200.0         Contributor address; City; State; Zip Code       BARTONVILLE, TX 76226       Full name of Contribution (\$)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/13/2024       CARRINGTON, HENRY       \$200.0         Contributor address; City; State; Zip Code       BARTONVILLE, TX 76226
01/13/2024 CARRINGTON, HENRY \$200.0 Contributor address; City; State; Zip Code BARTONVILLE, TX 76226
Contributor address; City; State; Zip Code BARTONVILLE, TX 76226
BARTONVILLE, TX 76226
Principal occupation / Job title (See Instructions) Employer (See Instructions)
RETIRED RETIRED
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
01/25/2024 CLAY, GEORGE \$5,000.0
Contributor address: City: State: Zin Code
Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code BOWIE, TX 76230
BOWIE, TX 76230
BOWIE, TX 76230 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/26
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Mitchell (Mr.)		00088078
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
01/01/2024	CORBETT, CHRISTOPHER		\$100.00
	6 Contributor address; City; State; Zip Code		
	FLOWER MOUND, TX 75028		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
WRITER	•	CORBETT STRATEGIC	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/07/2024		/	\$500.00
01/01/212	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	LEWISVILLE, TX 75056		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1s)
ATTORNEY		PLATT RICHMOND PLI	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
01/06/2024		/	\$100.00
	Contributor address; City; State; Zip Code		·
	LEWISVILLE, TX 75056		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
SALES		ARISTA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/22/2024	DYER, DON		\$2,500.00
	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78731		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
CEO		PJS OF TEXAS	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/25/2024	FIVEASH, SALLY		\$200.00
	Contributor address; City; State; Zip Code		1
	CARROLLTON, TX 75007		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/26	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Little, Jason	Mitchell (Mr.)			00088078	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	01/04/2024	FRAYMAN, OLEG				\$50.00
		6 Contributor address; City; State; Zip Code				
		LEWISVILLE, TX 75056				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	IT		ABC FITNESS			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/14/2024	GALLARDA, MAURICE				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		LEWISVILLE, TX 75056				
		pation / Job title (See Instructions)	Employer (See Instructions			
	CEO		PLURIS CAPITAL MAN	IAG	EMENT GROUP	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/23/2024	GENTRY, ALLYCIA				\$50.00
		Contributor address; City; State; Zip Code				
		WINTER HAVEN, FL 33884				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/09/2024	GRAU, MISSY				\$100.00
		Contributor address; City; State; Zip Code				
		FLOWER MOUND, TX 75028				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	BUSINESS		HCA			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/16/2024	HENDRICKSON, JON				\$500.00
		Contributor address; City; State; Zip Code				
$\vdash$	<u> </u>	ARGYLE, TX 76226		Ĺ		
ĺ		pation / Job title (See Instructions)	Employer (See Instructions	s)		
L	CONSULTIN		SELF EMPLOYED			
I						
1						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/12 Rpt: 7/26 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Little, Jason Mitchell (Mr.) 00088078 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/25/2024 HERRON, LISA \$25.00 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76177 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) C-SUITE OFFICE MANAGEMENT CMC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/22/2024 HOLMES, WILLIAM \$2,500.00 Contributor address; City; State; Zip Code MIDLAND, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF EMPLOYED OIL AND GAS Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/02/2024 HUFFINES, S. RAY \$1,000.00 Contributor address; City; State; Zip Code PLANO, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/20/2024 \$50.00 JANACEK, NOEL Contributor address; City; State; Zip Code LEWISVILLE, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) ENGINEER **KLEINFELDER** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/18/2024 \$100.00 KATES, LAURA CURT Contributor address; City; State; Zip Code HOUSTON, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) DIRECTOR OF BUDGET, FINANCE HARRIS COUNTY, TX

SCHEDULE	A1
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The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/26	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Mitchell (Mr.)		<u> </u>	00088078	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
01/21/2024	LANCASTER, AMY				\$250.00
	6 Contributor address; City; State; Zip Code		1		
	GAINESVILLE, TX 76240				
	upation / Job title (See Instructions)	9 Employer (See Instructions	S)		
RETIRED		RETIRED			
Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
01/25/2024	LEE, PETER				\$50.00
	Contributor address; City; State; Zip Code		1		
	LITTLE ELM, TX 75068				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
RETIRED		RETIRED			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
01/20/2024	MARTIN, RAYMOND				\$25.00
	Contributor address; City; State; Zip Code		1		
	LEWISVILLE, TX 75056				
	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
RETIRED		RETIRED			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
01/16/2024	MASTNY, CHAD				\$100.00
	Contributor address; City; State; Zip Code	,	1		
	RALEIGH, NC 27614	<del>.</del>			
	ipation / Job title (See Instructions)	Employer (See Instructions			
OWNER		JCM TELECOM CORPO	OR.	ATION	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
01/05/2024	MCNIEL, CORINA				\$50.00
	Contributor address; City; State; Zip Code		1		
	LEWISVILLE, TX 75057				
-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
HEALTHCA	RE CONSULTANT	SELF EMPLOYED			
1					

SCHEDULE	A1
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	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/26	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		n Mitchell (Mr.)			00088078	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)		
	01/16/2024	MERCED, SUSAN			\$25.00	
		6 Contributor address; City; State; Zip Code	,	1		
			,			
			,			
		CARROLLTON, TX 75010				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	01/22/2024	MILLER, THOMAS	,			\$20.00
		Contributor address; City; State; Zip Code		1		
			,			
			,			
		SAN ANTONIO, TX 78249				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/16/2024	MONGOGNA, JOHN	,			\$250.00
		Contributor address; City; State; Zip Code		1		
			,			
			,			
		DALLAS, TX 75252	·			
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	ATTORNEY	·	ALBIN OLDNER			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	01/16/2024	MONGOGNA, JOHN	!			\$305.00
		Contributor address; City; State; Zip Code		1		
			,			
			,			
		DALLAS, TX 75252				
	-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	ATTORNEY	· 	ALBIN OLDNER			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/23/2024	NEAL, MICHAEL	,			\$50.00
		Contributor address; City; State; Zip Code		1		
			,			
			,			
		CARROLLTON, TX 75010				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	CYBER SEC	CURITY MANAGER	TRINITY RIVER AUTHO	ЭR	ITY	
	CYBER SEC	CURITY MANAGER		Эк	ITY	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/26
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ı Mitchell (Mr.)		00088078
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
01/02/2024	NOVAK, TIMOTHY		\$50.00
	6 Contributor address; City; State; Zip Code		1
Principal occu	THE COLONY, TX 75056 upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
SALES		FUJITSU	>)
Date 01/22/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$25.00
01/22/2024			φ23.00
	Contributor address; City; State; Zip Code		
	GLENDALE, AZ 85302		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)
RETIRED		RETIRED	,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/12/2024	OREILLY, DALE		\$250.00
	Contributor address; City; State; Zip Code		•
	HOUSTON, TX 77079		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
RETIRED		RETIRED	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/20/2024	PALMER, DANA		\$100.00
	Contributor address; City; State; Zip Code		
	LUCAS, TX 75002		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
ATTORNEY		PALMER LAW GROUP	•
Date			Amount of Contribution (\$)
01/22/2024	Full name of contributor out-of-state PAC (ID#: PENDERY, DARLENE	/	\$10,000.00
UTICLICOC :	Contributor address; City; State; Zip Code		
	Continuutor address, City, State, Zip Code		
	FLOWER MOUND, TX 75022		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
RETIRED		RETIRED	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/26	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
		Mitchell (Mr.)			00088078	0111 11010,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/24/2024	PENDERY, DARLENE				\$75,000.00
		6 Contributor address; City; State; Zip Code		"		
		FLOWER MOUND, TX 75022				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	01/22/2024	ROBERTS, BRIAN				\$5.00
		Contributor address; City; State; Zip Code		"		
		HOWE, TX 75459				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	SOFTWARE	<u>.</u> 1	QUADRISPACE			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/22/2024	ROBERTS, JACOB				\$5.00
		Contributor address; City; State; Zip Code		"		
		HOWE, TX 75459				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	STUDENT		STUDENT			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/22/2024	ROBERTS, JOY				\$5.00
		Contributor address; City; State; Zip Code		"		
		HOWE, TX 75459				
		Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	HOMEMAKE	<u></u>	HOMEMAKER			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/08/2024	ROBERTSONWALKER, JAMIE				\$250.00
		Contributor address; City; State; Zip Code		Ϊ		
		LEWISVILLE, TX 75056				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	CONSTRUC	;TION	SELF EMPLOYED			
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/26	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		Mitchell (Mr.)		ľ	00088078	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/01/2024	RORSCHACH, KRISTY				\$250.00
		6 Contributor address; City; State; Zip Code				
		PLANO, TX 75024				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)	
	01/18/2024	ROSE, SHEREE				\$50.00
		PLANO, TX 75093				
⊢	Principal occu	pation / Job title (See Instructions)	5)			
	RETIRED		RETIRED			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/25/2024	ROSS, CANDY PEAK	/			\$100.00
		Contributor address; City; State; Zip Code				
		DALLAS, TX 75254				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	REAL ESTA	TE BROKER	SELF EMPLOYED			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/11/2024	ROSZELL, VANDOLYN				\$250.00
		Contributor address; City; State; Zip Code				
		KELLER, TX 76248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CPA		VANDOLYN L ROSZEL	.L,	PC	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/22/2024	SCHEEF, C. JOHN				\$1,000.00
		Contributor address; City; State; Zip Code				
		PLANO, TX 75093				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
⊢						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/26	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Mitchell (Mr.)			00088078	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/22/2024	SELLARS, JANE ANNE				\$100.00
		6 Contributor address; City; State; Zip Code				
		FRISCO, TX 75036				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	RETIRED		RETIRED			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/25/2024	SLIFKO, TINA				\$50.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	LEWISVILLE, TX 75056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/21/2024	SMITH, MICHELLE				\$100.00
	ļ	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ					
		ANNA, TX 75409				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	CAMPAIGN	MANAGER	KEN PAXTON			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/04/2024	SPAIN, KIM				\$250.00
		Contributor address; City; State; Zip Code		·		
		FORT WORTH, TX 76137				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	HOMEMAKE	ĒR	HOMEMAKER			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)	
	01/11/2024	STANFIELD, JACQUELYN				\$250.00
	ļ	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ					
		FLOWER MOUND, TX 75028				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	DENTIST	· · · · · · · · · · · · · · · · · · ·	SELF EMPLOYED			
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/12 Rpt: 14/26 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Little, Jason Mitchell (Mr.) 00088078 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/21/2024 SUMMERS, JAY \$50.00 6 Contributor address; City; State; Zip Code CARROLLTON, TX 75010 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SALES SIEMENS Date out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor 01/18/2024 TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC \$50,000.00 Contributor address; City; State; Zip Code VICTORIA, TX 77901 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) Date 01/02/2024 TONY TINDERHOLT FOR TEXAS \$1,000.00 Contributor address; City; State; Zip Code ARLINGTON, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/23/2024 VESTERMAN, WILLIAM J \$10.00 Contributor address; City; State; Zip Code LANTANA, TX 76226 Principal occupation / Job title (See Instructions) Employer (See Instructions) EDUCATOR SELF EMPLOYED Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/08/2024 \$25.00 WALKER, MATTHEW Contributor address; City; State; Zip Code FORT WORTH, TX 76137 Principal occupation / Job title (See Instructions) Employer (See Instructions) ENGINEER LOCKHEED MARTIN

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/12 Rpt: 15/26 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Little, Jason Mitchell (Mr.) 00088078 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 01/01/2024 \$100.00 WARD, PATRICIA 6 Contributor address; City; State; Zip Code LANTANA, TX 76226 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED RETIRED Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/10/2024 \$100.00 WILKINS, CYNTHIA Contributor address; City; State; Zip Code PLANO, TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: ) 01/21/2024 WILLIAMSON, LESLIE \$50.00 ..... Contributor address; City; State; Zip Code SAN ANGELO, TX 76904 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense		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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 1/11 Rpt: 16/26		Little, Jason Mitchell (Mr.)					00088078		
4	Date 01/17/2024	5	Payee name ANTHEM MEDIA AND MESSAGE	, INC	;					
6	Amount (\$)	7	Payee address; City; S	State;	Zip Coo	le				
	\$8,250.00		6412 SOTER PARKWAY							
			AUSTIN, TX 78735							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Consulting Expense	nis sche	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense DNSULTING		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	O	ffice soug	ht		Office held		
	Date		Payee name							
	01/17/2024		ANTHEM MEDIA AND MESSAGE	, INC	>					
	Amount (\$)		Payee address; City; S	State;	Zip Coo	le				
	\$8,985.00		6412 SOTER PARKWAY AUSTIN, TX 78735							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Advertising Expense	nis sche	edule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense CTION		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	ffice soug	ht		Office held		
	Date		Payee name							
	01/11/2024		ARRINGTON OUTDOOR ADVER	TISIN	١G					
	Amount (\$) \$6,415.00		Payee address; City; S 2002 S STEMMONS FRWY SUITE 100 LAKE DALLAS, TX 75065	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Advertising Expense	nis sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	0	ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           / -         Gift/Awards/Memorials Expense			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:	2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Sch: 2/11 Rpt: 17/26		Little, Jason Mitchell (Mr.)					00088078	
4	Date	5	Payee name				I		
	01/24/2024		CROSBY OTTENHOFF GROU	IP					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$2,702.50		611 PENNSYLVANIA AVE SE	-					
			WASHINGTON, DC 20003						
8	PURPOSE	(a)	Category (See Categories listed at the top		4.4.2	(b) Description			
-	OF		Accounting/Banking	on this sched	ule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		<u> </u>			Check if Austir	I, TX	, officeholder living expense	
						COMPLIANC	E (	CONSULTING	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice souç	ht		Office held	
	Date		Payee name						
	01/16/2024		DENTON COUNTY REPUBLIC		TΥ				
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$10,000.00		2921 COUNTRY CLUB RD						
			STE 102						
			DENTON, TX 76210						
	PURPOSE	(a)				(b) Description			
	OF	(~)	Category (See Categories listed at the top Contributions/Donations Made		dule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Politica		tee	Check if Austir	I, TX	, officeholder living expense	
						DONATIONS	3		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice sou	ht		Office held	
_		_							
	Date		Payee name GIDEONS 300 BAMN						
	01/02/2024								
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$5,500.00		6101 LONG PRAIRIE RD						
			744-244						
			FLOWER MOUND, TX 75028						
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sched	dule)	(b) Description	_		
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
-	Complete ONLY if direct	L	Candidate/Officeholder name	Off	fice soug	ht		Office held	
	expenditure to benefit C/OI			Oli	3000	, inc			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 3/11 Rpt: 18/26	Little, Jason Mitchell (Mr.) 00088078						
4 Date	5 Payee name						
01/02/2024	GIDEONS 300 BAMN						
6 Amount (\$) \$260.40	7 Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028						
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>WEB SERVICE</li> </ul> </li> </ul>						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
01/02/2024	GIDEONS 300 BAMN						
Amount (\$)	Payee address; City; State; Zip Code						
\$150.00	6101 LONG PRAIRIE RD						
	744-244						
	FLOWER MOUND, TX 75028						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>SIGNS</li> </ul>						
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
01/08/2024	GIDEONS 300 BAMN						
Amount (\$) \$1,597.80	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel In District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>TRAVEL</li> </ul>						
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
1	Sch: 4/11 Rpt: 19/26	Little, Jason Mitchell (Mr.)						
4	Date	5 Payee name						
•	01/16/2024	GIDEONS 300 BAMN						
6	Amount (\$) \$1,911.93	7 Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244						
		FLOWER MOUND, TX 75028						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONOR GIFTS     </li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/22/2024	GIDEONS 300 BAMN						
	Amount (\$) \$82.50	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel In District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>TRAVEL</li> </ul>						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
-	Date	Payee name						
	01/22/2024	GIDEONS 300 BAMN						
	Amount (\$) \$1,032.90	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>SIGNS</li> </ul>						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services	ense als Expense	Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Office Overhead/Rental Expense         Transportation Equipment & Related Exp           Polling Expense         Travel in District           Printing Expense         Travel Out of District           Salaries/Wages/Contract Labor         OTHER (enter a category not listed above           ns how to complete this form.         Solicitation/Fundraising Expense					quipment & Related Expensions		
1	Total pages Schedule F1:	2		=					3	Filer ID	(Ethics Commission	Filers)
-	Sch: 5/11 Rpt: 20/26	[		- n Mitchell (Mr.)	)					00088078	(	
4	Date	5	Payee name									
	01/09/2024			OVERTISING I	LLC							
6	Amount (\$) \$6,000.00	7	SUITE 400	ss; City; RINGHAM AVI E CITY, UT 84	Ξ	; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub> Advertising	ee Categories listed a Expense	at the top of this sch	iedule)	(b)		n, TX,	officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	iceholder name	(	Office sou	ght			Office h	eld	
	Date		Payee name									
	01/10/2024			OVERTISING I	LLC							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$11,250.00			RINGHAM AVI								
			SUITE 400									
			SALT LAKE	E CITY, UT 84	106							
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub> Advertising	ee Categories listed a Expense	at the top of this sch	nedule)	(b)	Check if Austin	n, TX,	, officeholder living	plete Schedule T. gexpense CES / PRINTING	/
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(	Office sou	ght			Office h	eld	
	Date		Payee name									
	01/15/2024		IMPACT AI	OVERTISING I	LLC							
	Amount (\$) \$11,250.00		SUITE 400	RINGHAM AVI	Ξ	; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub> Advertising	ee Categories listed a Expense	at the top of this sch	iedule)	(b)	Check if Austin	n, TX,	officeholder living	plete Schedule T. J expense CES / PRINTING	/
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(	Office sou	ght			Office h	eld	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
-	Sch: 6/11 Rpt: 21/26	Little, Jason Mitchell (Mr.)							
4	Date	5 Payee name							
	01/16/2024	IMPACT ADVERTISING LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,750.00	1260 E STRINGHAM AVE							
		SUITE 400							
		SALT LAKE CITY, UT 84106							
8	PURPOSE		_						
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		CREATIVE DESIGN SERVICES							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	01/20/2024	IMPACT ADVERTISING LLC							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$22,500.00	1260 E STRINGHAM AVE							
	ΨΖΖ,300.00								
		SUITE 400							
		SALT LAKE CITY, UT 84106							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
		CREATIVE DESIGN SERVICES / PRINTING /							
		POSTAGE							
			_						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	- p								
	Date	Payee name							
	01/22/2024	IMPACT ADVERTISING LLC							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$7,015.50	1260 E STRINGHAM AVE							
		SUITE 400							
		SALT LAKE CITY, UT 84106							
			_						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense							
		Check if Austin, TX, officeholder living expense WEB SERVICE							
			_						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				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:	2	FILER NAME				3	Filer ID (Ethics Commission Filer	rs)	
	Sch: 7/11 Rpt: 22/26		Little, Jason Mitchell (Mr.)					00088078		
4	Date 01/03/2024		Payee name PEADBODY, BETHANY							
6	Amount (\$) \$443.75		Payee address; City; State; Zip Code 6716 WHITTIER DRIVE COLLEYVILLE, TX 76034							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Advertising Expense	p of this sche	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. , officeholder living expense SIGN SERVICES		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office souç	ht		Office held		
	Date		Payee name							
	01/10/2024		SCHOBER ENTERPRISES, LI	LC						
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$8,000.00     304 RED TAILED HAWK DR									
	PURPOSE OF EXPENDITURE	(a)	PFLUGERVILLE, TX 78660 Category (See Categories listed at the to Advertising Expense	p of this sche	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense PRINT		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	O	office soug	ht		Office held		
	Date		Payee name							
	01/20/2024		SCHOBER ENTERPRISES, LI	LC						
	Amount (\$) \$16,447.18		Payee address; City; 304 RED TAILED HAWK DR	State;	Zip Coo	le				
			PFLUGERVILLE, TX 78660							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Advertising Expense	p of this sche	edule)		, TX,	de of Texas. Complete Schedule T. . officeholder living expense PRINT		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	O	office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)	
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
	Sch: 8/11 Rpt: 23/26	Little, Jason Mitchell (Mr.)	00088078	
4	Date 01/23/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		
6	Amount (\$) \$14,085.01	Payee address;       City;       State;       Zip Code         4238 LOMO ALTO CT       DALLAS, TX 75219       DALLAS, TX 75219		
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense G CONSULTING	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	01/23/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$199.95	4238 LOMO ALTO CT DALLAS, TX 75219		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. 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		
	01/24/2024	THE CROSS TIMBERS GAZETTE		
	Amount (\$) \$5,190.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD STE 744-186 FLOWER MOUND, TX 75028		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense PRINT	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 9/11 Rpt: 24/26	Little, Jason Mitchell (Mr.)	00088078		
4	Date 01/08/2024	5 Payee name VISCUSI, ALEX			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,082.50	1112 LOPO RD			
		FLOWER MOUND, TX 75028			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense POSTAGE		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/18/2024	VISCUSI, ALEX			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3,317.86	1112 LOPO RD FLOWER MOUND, TX 75028			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. 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			
	01/19/2024	VISCUSI, ALEX			
	Amount (\$) \$1,623.75	Payee address; City; State; Zip Code 1112 LOPO RD			
		FLOWER MOUND, TX 75028			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense POSTAGE		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense	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:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
	Sch: 10/11 Rpt: 25/26	Little, Jason Mitchell (Mr.)	00088078	
4	Date 01/24/2024	Payee name VISCUSI, ALEX		
6	Amount (\$) \$270.63	Payee address; City; State; Zip Code 1112 LOPO RD FLOWER MOUND, TX 75028		
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense POSTAGE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	01/02/2024	WINRED		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$259.06	1776 WILSON BLVD		
		STE 530		
		ARLINGTON, VA 22219		
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense RD PROCESSING FEES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date Payee name			
	01/08/2024	WINRED		
	Amount (\$) \$98.51	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219		
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense RD PROCESSING FEES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	

	POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL SCHEDULE F1
⊢		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Poling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel on District       ICommittee     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: 11/11 Rpt: 26/26	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	01/16/2024	WINRED
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.18	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		CREDIT CARD PROCESSING FEES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2024	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$174.55	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		CREDIT CARD PROCESSING FEES

Complete <u>ONLY</u> if direct Candidate/Officeholder name expenditure to benefit C/OH

Office held

Office sought