

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1 Filer ID</b><br>(Ethics Commission Filers)<br>00088078 | <b>2 Total pages filed:</b><br>26  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br>Mr.  | FIRST<br>Jason Mitchell                                     | MI   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>02/05/2024 |
|   | NICKNAME  | LAST<br>Little  | SUFFIX   |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>2841 Seven Shields Lane<br><br>Lewisville, TX 75056   |   | ZIP CODE   | Date Hand-delivered or Date Postmarked   |
|   |   |   | Receipt #  | Amount   |
|   |   |   | Date Processed   |  |
|   |   |   | Date Imaged  |  |
| <b>5 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR<br>Mrs.   | FIRST<br>Caitlyn B.   | MI   |  |
|   | NICKNAME  | LAST<br>Tortorici   | SUFFIX   |  |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);<br>421 Office Park Drive<br><br>Mountain Brook, AL 35223   |   | APT / SUITE #;   | CITY; STATE; ZIP CODE  |
|   |   |   | AREA CODE  | PHONE NUMBER EXTENSION<br>(205) 440-2873   |
| <b>8 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |  |  |
| <b>9 PERIOD COVERED</b>   | Month    Day    Year<br>01/01/2024  | THROUGH   | Month    Day    Year<br>01/25/2024   |  |
| <b>10 ELECTION</b>  | ELECTION DATE<br>Month    Day    Year<br>03/05/2024   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |   |  |  |
| <b>11 OFFICE</b>  | OFFICE HELD (if any)  |   | <b>12 OFFICE SOUGHT (if known)</b><br>State Representative District 65   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|  |   |
|--|---|
| <b>13 C / OH NAME</b> Little, Jason Mitchell (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088078 |
|--|---|

|   |  |   |
|---|--|---|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b>                       |
|   |  | <b>COMMITTEE ADDRESS</b>                    |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                                |   |               |
|--------------------------------|---|---------------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00       |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 157,060.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ 0.00       |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 157,900.46 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 148,296.25 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 75,000.00  |

**17 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.

\_\_\_\_\_  
 Mr. Jason Mitchell Little  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Little, Jason Mitchell (Mr.) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088078 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE     |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 157,060.00   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 157,900.46   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/12 Rpt: 4/26    |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078    |
| <b>4</b> Date<br>01/25/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BARNES, GREG<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>DALLAS, TX 75219 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>REAL ESTATE |  | <b>9</b> Employer (See Instructions)<br>SELF EMPLOYED       |
| Date<br>01/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BLACKWELL, MELINDA<br><hr/> Contributor address; City; State; Zip Code<br><br>PLANO, TX 75074              | Amount of Contribution (\$)<br><br>\$1,000.00               |
| Principal occupation / Job title (See Instructions)<br>ATTORNEY             |  | Employer (See Instructions)<br>BLACKWELL DUNCAN PLLC        |
| Date<br>01/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BUCHANAN, MARTY<br><hr/> Contributor address; City; State; Zip Code<br><br>ARGYLE, TX 76226                | Amount of Contribution (\$)<br><br>\$10.00                  |
| Principal occupation / Job title (See Instructions)<br>HEALTH               |  | Employer (See Instructions)<br>COUNTY                       |
| Date<br>01/13/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>CARRINGTON, HENRY<br><hr/> Contributor address; City; State; Zip Code<br><br>BARTONVILLE, TX 76226         | Amount of Contribution (\$)<br><br>\$200.00                 |
| Principal occupation / Job title (See Instructions)<br>RETIRED              |  | Employer (See Instructions)<br>RETIRED                      |
| Date<br>01/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>CLAY, GEORGE<br><hr/> Contributor address; City; State; Zip Code<br><br>BOWIE, TX 76230                    | Amount of Contribution (\$)<br><br>\$5,000.00               |
| Principal occupation / Job title (See Instructions)<br>HEALTH PROVIDER      |  | Employer (See Instructions)<br>HIGH PLAINS HEALTH PROVIDERS |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/12 Rpt: 5/26                 |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078                 |
| <b>4</b> Date<br>01/01/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>CORBETT, CHRISTOPHER<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>FLOWER MOUND, TX 75028 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00                     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>WRITER |  | <b>9</b> Employer (See Instructions)<br>CORBETT STRATEGIC COMMUNICATIONS |
| Date<br>01/07/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DIMITT, EMILY<br><hr/> Contributor address; City; State; Zip Code<br><br>LEWISVILLE, TX 75056                            | Amount of Contribution (\$)<br><br>\$500.00                              |
| Principal occupation / Job title (See Instructions)<br>ATTORNEY        |  | Employer (See Instructions)<br>PLATT RICHMOND PLLC                       |
| Date<br>01/06/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DUNN, PRESTON<br><hr/> Contributor address; City; State; Zip Code<br><br>LEWISVILLE, TX 75056                            | Amount of Contribution (\$)<br><br>\$100.00                              |
| Principal occupation / Job title (See Instructions)<br>SALES           |  | Employer (See Instructions)<br>ARISTA                                    |
| Date<br>01/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DYER, DON<br><hr/> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78731                                    | Amount of Contribution (\$)<br><br>\$2,500.00                            |
| Principal occupation / Job title (See Instructions)<br>CEO             |  | Employer (See Instructions)<br>PJS OF TEXAS                              |
| Date<br>01/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>FIVEASH, SALLY<br><hr/> Contributor address; City; State; Zip Code<br><br>CARROLLTON, TX 75007                           | Amount of Contribution (\$)<br><br>\$200.00                              |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/12 Rpt: 6/26       |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078       |
| <b>4</b> Date<br>01/04/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>FRAYMAN, OLEG<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>LEWISVILLE, TX 75056 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>IT          |   | <b>9</b> Employer (See Instructions)<br>ABC FITNESS            |
| Date<br>01/14/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>GALLARDA, MAURICE<br><hr/> Contributor address; City; State; Zip Code<br><br>LEWISVILLE, TX 75056               | Amount of Contribution (\$)<br><br>\$2,500.00                  |
| Principal occupation / Job title (See Instructions)<br>CEO                  |   | Employer (See Instructions)<br>PLURIS CAPITAL MANAGEMENT GROUP |
| Date<br>01/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>GENTRY, ALLYCIA<br><hr/> Contributor address; City; State; Zip Code<br><br>WINTER HAVEN, FL 33884               | Amount of Contribution (\$)<br><br>\$50.00                     |
| Principal occupation / Job title (See Instructions)<br>RETIRED              |   | Employer (See Instructions)<br>RETIRED                         |
| Date<br>01/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>GRAU, MISSY<br><hr/> Contributor address; City; State; Zip Code<br><br>FLOWER MOUND, TX 75028                   | Amount of Contribution (\$)<br><br>\$100.00                    |
| Principal occupation / Job title (See Instructions)<br>BUSINESS DEVELOPMENT |   | Employer (See Instructions)<br>HCA                             |
| Date<br>01/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>HENDRICKSON, JON<br><hr/> Contributor address; City; State; Zip Code<br><br>ARGYLE, TX 76226                    | Amount of Contribution (\$)<br><br>\$500.00                    |
| Principal occupation / Job title (See Instructions)<br>CONSULTING           |   | Employer (See Instructions)<br>SELF EMPLOYED                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/12 Rpt: 8/26 |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078 |
| <b>4</b> Date<br>01/21/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>LANCASTER, AMY<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>GAINESVILLE, TX 76240 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RETIRED      |   | <b>9</b> Employer (See Instructions)<br>RETIRED          |
| Date<br>01/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>LEE, PETER<br><hr/> Contributor address; City; State; Zip Code<br><br>LITTLE ELM, TX 75068                        | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>RETIRED               |   | Employer (See Instructions)<br>RETIRED                   |
| Date<br>01/20/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MARTIN, RAYMOND<br><hr/> Contributor address; City; State; Zip Code<br><br>LEWISVILLE, TX 75056                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>RETIRED               |   | Employer (See Instructions)<br>RETIRED                   |
| Date<br>01/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MASTNY, CHAD<br><hr/> Contributor address; City; State; Zip Code<br><br>RALEIGH, NC 27614                         | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>OWNER                 |   | Employer (See Instructions)<br>JCM TELECOM CORPORATION   |
| Date<br>01/05/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MCNIEL, CORINA<br><hr/> Contributor address; City; State; Zip Code<br><br>LEWISVILLE, TX 75057                    | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>HEALTHCARE CONSULTANT |   | Employer (See Instructions)<br>SELF EMPLOYED             |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/12 Rpt: 9/26 |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078 |
| <b>4</b> Date<br>01/16/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MERCED, SUSAN<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CARROLLTON, TX 75010 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RETIRED       |   | <b>9</b> Employer (See Instructions)<br>RETIRED          |
| Date<br>01/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MILLER, THOMAS<br><hr/> Contributor address; City; State; Zip Code<br><br>SAN ANTONIO, TX 78249                 | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>RETIRED                |   | Employer (See Instructions)<br>RETIRED                   |
| Date<br>01/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MONGOGNA, JOHN<br><hr/> Contributor address; City; State; Zip Code<br><br>DALLAS, TX 75252                      | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>ATTORNEY               |   | Employer (See Instructions)<br>ALBIN OLDNER              |
| Date<br>01/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MONGOGNA, JOHN<br><hr/> Contributor address; City; State; Zip Code<br><br>DALLAS, TX 75252                      | Amount of Contribution (\$)<br><br>\$305.00              |
| Principal occupation / Job title (See Instructions)<br>ATTORNEY               |   | Employer (See Instructions)<br>ALBIN OLDNER              |
| Date<br>01/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>NEAL, MICHAEL<br><hr/> Contributor address; City; State; Zip Code<br><br>CARROLLTON, TX 75010                   | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>CYBER SECURITY MANAGER |   | Employer (See Instructions)<br>TRINITY RIVER AUTHORITY   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/12 Rpt: 10/26 |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078  |
| <b>4</b> Date<br>01/02/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>NOVAK, TIMOTHY<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>THE COLONY, TX 75056 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>SALES |  | <b>9</b> Employer (See Instructions)<br>FUJITSU           |
| Date<br>01/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>O'BANNON, GLENN<br><hr/> Contributor address; City; State; Zip Code<br><br>GLENDALE, AZ 85302                    | Amount of Contribution (\$)<br><br>\$25.00                |
| Principal occupation / Job title (See Instructions)<br>RETIRED        |  | Employer (See Instructions)<br>RETIRED                    |
| Date<br>01/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>OREILLY, DALE<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77079                       | Amount of Contribution (\$)<br><br>\$250.00               |
| Principal occupation / Job title (See Instructions)<br>RETIRED        |  | Employer (See Instructions)<br>RETIRED                    |
| Date<br>01/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>PALMER, DANA<br><hr/> Contributor address; City; State; Zip Code<br><br>LUCAS, TX 75002                          | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>ATTORNEY       |  | Employer (See Instructions)<br>PALMER LAW GROUP, P.C.     |
| Date<br>01/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>PENDERY, DARLENE<br><hr/> Contributor address; City; State; Zip Code<br><br>FLOWER MOUND, TX 75022               | Amount of Contribution (\$)<br><br>\$10,000.00            |
| Principal occupation / Job title (See Instructions)<br>RETIRED        |  | Employer (See Instructions)<br>RETIRED                    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 8/12 Rpt: 11/26 |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078  |
| <b>4</b> Date<br>01/24/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>PENDERY, DARLENE<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>FLOWER MOUND, TX 75022 | <b>7</b> Amount of Contribution (\$)<br><br>\$75,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RETIRED |  | <b>9</b> Employer (See Instructions)<br>RETIRED           |
| Date<br>01/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ROBERTS, BRIAN<br><hr/> Contributor address; City; State; Zip Code<br><br>HOWE, TX 75459                             | Amount of Contribution (\$)<br><br>\$5.00                 |
| Principal occupation / Job title (See Instructions)<br>SOFTWARE         |  | Employer (See Instructions)<br>QUADRISPACE                |
| Date<br>01/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ROBERTS, JACOB<br><hr/> Contributor address; City; State; Zip Code<br><br>HOWE, TX 75459                             | Amount of Contribution (\$)<br><br>\$5.00                 |
| Principal occupation / Job title (See Instructions)<br>STUDENT          |  | Employer (See Instructions)<br>STUDENT                    |
| Date<br>01/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ROBERTS, JOY<br><hr/> Contributor address; City; State; Zip Code<br><br>HOWE, TX 75459                               | Amount of Contribution (\$)<br><br>\$5.00                 |
| Principal occupation / Job title (See Instructions)<br>HOMEMAKER        |  | Employer (See Instructions)<br>HOMEMAKER                  |
| Date<br>01/08/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ROBERTSONWALKER, JAMIE<br><hr/> Contributor address; City; State; Zip Code<br><br>LEWISVILLE, TX 75056               | Amount of Contribution (\$)<br><br>\$250.00               |
| Principal occupation / Job title (See Instructions)<br>CONSTRUCTION     |  | Employer (See Instructions)<br>SELF EMPLOYED              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 9/12 Rpt: 12/26 |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078  |
| <b>4</b> Date<br>01/01/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>RORSCHACH, KRISTY<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>PLANO, TX 75024 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RETIRED   |  | <b>9</b> Employer (See Instructions)<br>RETIRED           |
| Date<br>01/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ROSE, SHEREE<br><hr/> Contributor address; City; State; Zip Code<br><br>PLANO, TX 75093                        | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>RETIRED            |  | Employer (See Instructions)<br>RETIRED                    |
| Date<br>01/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ROSS, CANDY PEAK<br><hr/> Contributor address; City; State; Zip Code<br><br>DALLAS, TX 75254                   | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>REAL ESTATE BROKER |  | Employer (See Instructions)<br>SELF EMPLOYED              |
| Date<br>01/11/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ROSZELL, VANDOLYN<br><hr/> Contributor address; City; State; Zip Code<br><br>KELLER, TX 76248                  | Amount of Contribution (\$)<br><br>\$250.00               |
| Principal occupation / Job title (See Instructions)<br>CPA                |  | Employer (See Instructions)<br>VANDOLYN L ROSZELL, PC     |
| Date<br>01/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SCHEEF, C. JOHN<br><hr/> Contributor address; City; State; Zip Code<br><br>PLANO, TX 75093                     | Amount of Contribution (\$)<br><br>\$1,000.00             |
| Principal occupation / Job title (See Instructions)<br>RETIRED            |  | Employer (See Instructions)<br>RETIRED                    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 10/12 Rpt: 13/26 |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078   |
| <b>4</b> Date<br>01/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SELLARS, JANE ANNE<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>FRISCO, TX 75036 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RETIRED |  | <b>9</b> Employer (See Instructions)<br>RETIRED            |
| Date<br>01/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SLIFKO, TINA<br><hr/> Contributor address; City; State; Zip Code<br><br>LEWISVILLE, TX 75056                     | Amount of Contribution (\$)<br><br>\$50.00                 |
| Principal occupation / Job title (See Instructions)<br>RETIRED          |  | Employer (See Instructions)<br>RETIRED                     |
| Date<br>01/21/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SMITH, MICHELLE<br><hr/> Contributor address; City; State; Zip Code<br><br>ANNA, TX 75409                        | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>CAMPAIGN MANAGER |  | Employer (See Instructions)<br>KEN PAXTON                  |
| Date<br>01/04/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SPAIN, KIM<br><hr/> Contributor address; City; State; Zip Code<br><br>FORT WORTH, TX 76137                       | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)<br>HOMEMAKER        |  | Employer (See Instructions)<br>HOMEMAKER                   |
| Date<br>01/11/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>STANFIELD, JACQUELYN<br><hr/> Contributor address; City; State; Zip Code<br><br>FLOWER MOUND, TX 75028           | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)<br>DENTIST          |  | Employer (See Instructions)<br>SELF EMPLOYED               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11/12 Rpt: 14/26 |
| <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)                             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078   |
| <b>4</b> Date<br>01/21/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SUMMERS, JAY                         | <b>7</b> Amount of Contribution (\$) \$50.00               |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>CARROLLTON, TX 75010 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>SALES           |  | <b>9</b> Employer (See Instructions)<br>SIEMENS            |
| Date<br>01/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC | Amount of Contribution (\$) \$50,000.00                    |
| Contributor address; City; State; Zip Code<br><br>VICTORIA, TX 77901            |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                |
| Date<br>01/02/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TONY TINDERHOLT FOR TEXAS                     | Amount of Contribution (\$) \$1,000.00                     |
| Contributor address; City; State; Zip Code<br><br>ARLINGTON, TX 76017           |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                |
| Date<br>01/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>VESTERMAN, WILLIAM J                          | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br><br>LANTANA, TX 76226             |  |  |
| Principal occupation / Job title (See Instructions)<br>EDUCATOR                 |  | Employer (See Instructions)<br>SELF EMPLOYED               |
| Date<br>01/08/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WALKER, MATTHEW                               | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>FORT WORTH, TX 76137          |  |  |
| Principal occupation / Job title (See Instructions)<br>ENGINEER                 |  | Employer (See Instructions)<br>LOCKHEED MARTIN             |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/11 Rpt: 16/26 | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078 |
|---|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>01/17/2024 | <b>5</b> Payee name<br>ANTHEM MEDIA AND MESSAGE, INC |
|-----------------------------|--|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$8,250.00 | <b>7</b> Payee address; City; State; Zip Code<br>6412 SOTER PARKWAY<br><br>AUSTIN, TX 78735 |
|------------------------------------|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>RESEARCH CONSULTING |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>01/17/2024 | Payee name<br>ANTHEM MEDIA AND MESSAGE, INC |
|--------------------|---|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$8,985.00 | Payee address; City; State; Zip Code<br>6412 SOTER PARKWAY<br><br>AUSTIN, TX 78735 |
|---------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MEDIA PRODUCTION |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>01/11/2024 | Payee name<br>ARRINGTON OUTDOOR ADVERTISING |
|--------------------|---|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$6,415.00 | Payee address; City; State; Zip Code<br>2002 S STEMMONS FRWY<br>SUITE 100<br>LAKE DALLAS, TX 75065 |
|---------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SIGNS |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/11 Rpt: 17/26           | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078  |
| <b>4</b> Date<br>01/24/2024   | <b>5</b> Payee name<br>CROSBY OTTENHOFF GROUP  |   |
| <b>6</b> Amount (\$)<br>\$2,702.50                                  | <b>7</b> Payee address; City; State; Zip Code<br>611 PENNSYLVANIA AVE SE #267<br><br>WASHINGTON, DC 20003  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>COMPLIANCE CONSULTING |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/16/2024  | Payee name<br>DENTON COUNTY REPUBLICAN PARTY   |   |
| Amount (\$)<br>\$10,000.00  | Payee address; City; State; Zip Code<br>2921 COUNTRY CLUB RD<br>STE 102<br>DENTON, TX 76210  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>DONATIONS             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/02/2024  | Payee name<br>GIDEONS 300 BAMN   |   |
| Amount (\$)<br>\$5,500.00   | Payee address; City; State; Zip Code<br>6101 LONG PRAIRIE RD<br>744-244<br>FLOWER MOUND, TX 75028  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MANAGEMENT CONSULTING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/11 Rpt: 19/26    | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078  |
| <b>4</b> Date<br>01/16/2024                                  | <b>5</b> Payee name<br>GIDEONS 300 BAMN  |   |
| <b>6</b> Amount (\$)<br>\$1,911.93                           | <b>7</b> Payee address; City; State; Zip Code<br>6101 LONG PRAIRIE RD<br>744-244<br>FLOWER MOUND, TX 75028 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>DONOR GIFTS |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/22/2024   | Payee name<br>GIDEONS 300 BAMN   |   |
| Amount (\$)<br>\$82.50                                       | Payee address; City; State; Zip Code<br>6101 LONG PRAIRIE RD<br>744-244<br>FLOWER MOUND, TX 75028          |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL      |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/22/2024   | Payee name<br>GIDEONS 300 BAMN   |   |
| Amount (\$)<br>\$1,032.90                                    | Payee address; City; State; Zip Code<br>6101 LONG PRAIRIE RD<br>744-244<br>FLOWER MOUND, TX 75028          |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SIGNS       |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/11 Rpt: 20/26    | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078  |
| <b>4</b> Date<br>01/09/2024                                  | <b>5</b> Payee name<br>IMPACT ADVERTISING LLC  |   |
| <b>6</b> Amount (\$)<br>\$6,000.00                           | <b>7</b> Payee address; City; State; Zip Code<br>1260 E STRINGHAM AVE<br>SUITE 400<br>SALT LAKE CITY, UT 84106 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>DIGITAL ADVERTISING                           |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/10/2024   | Payee name<br>IMPACT ADVERTISING LLC   |   |
| Amount (\$)<br>\$11,250.00                                   | Payee address; City; State; Zip Code<br>1260 E STRINGHAM AVE<br>SUITE 400<br>SALT LAKE CITY, UT 84106          |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREATIVE DESIGN SERVICES / PRINTING / POSTAGE |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/15/2024   | Payee name<br>IMPACT ADVERTISING LLC   |   |
| Amount (\$)<br>\$11,250.00                                   | Payee address; City; State; Zip Code<br>1260 E STRINGHAM AVE<br>SUITE 400<br>SALT LAKE CITY, UT 84106          |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREATIVE DESIGN SERVICES / PRINTING / POSTAGE |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/11 Rpt: 21/26 | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078 |
|---|---|--|

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| <b>4</b> Date<br>01/16/2024 | <b>5</b> Payee name<br>IMPACT ADVERTISING LLC |
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| <b>6</b> Amount (\$)<br>\$1,750.00 | <b>7</b> Payee address; City; State; Zip Code<br>1260 E STRINGHAM AVE<br>SUITE 400<br>SALT LAKE CITY, UT 84106 |
|------------------------------------|--|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREATIVE DESIGN SERVICES |
|---------------------------------|--|--|

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| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>01/20/2024 | Payee name<br>IMPACT ADVERTISING LLC |
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| Amount (\$)<br>\$22,500.00 | Payee address; City; State; Zip Code<br>1260 E STRINGHAM AVE<br>SUITE 400<br>SALT LAKE CITY, UT 84106 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREATIVE DESIGN SERVICES / PRINTING / POSTAGE |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date<br>01/22/2024 | Payee name<br>IMPACT ADVERTISING LLC |
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| Amount (\$)<br>\$7,015.50 | Payee address; City; State; Zip Code<br>1260 E STRINGHAM AVE<br>SUITE 400<br>SALT LAKE CITY, UT 84106 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>WEB SERVICE |
|-------------------------------|---|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/11 Rpt: 22/26 | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078 |
|---|---|--|

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| <b>4</b> Date<br>01/03/2024 | <b>5</b> Payee name<br>PEADBODY, BETHANY |
|-----------------------------|--|

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| <b>6</b> Amount (\$)<br>\$443.75 | <b>7</b> Payee address; City; State; Zip Code<br>6716 WHITTIER DRIVE<br><br>COLLEYVILLE, TX 76034 |
|----------------------------------|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREATIVE DESIGN SERVICES |
|---------------------------------|--|--|

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| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>01/10/2024 | Payee name<br>SCHOBBER ENTERPRISES, LLC |
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| Amount (\$)<br>\$8,000.00 | Payee address; City; State; Zip Code<br>304 RED TAILED HAWK DR<br><br>PFLUGERVILLE, TX 78660 |
|---------------------------|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>NEWSPAPER PRINT |
|-------------------------------|--|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date<br>01/20/2024 | Payee name<br>SCHOBBER ENTERPRISES, LLC |
|--------------------|---|

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| Amount (\$)<br>\$16,447.18 | Payee address; City; State; Zip Code<br>304 RED TAILED HAWK DR<br><br>PFLUGERVILLE, TX 78660 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>NEWSPAPER PRINT |
|-------------------------------|--|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/11 Rpt: 23/26           | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078   |
| <b>4</b> Date<br>01/23/2024   | <b>5</b> Payee name<br>SOLUTIONS FOR TEXAS IN FUNDRAISING LLC   |  |
| <b>6</b> Amount (\$)<br>\$14,085.01                                 | <b>7</b> Payee address; City; State; Zip Code<br>4238 LOMO ALTO CT<br><br>DALLAS, TX 75219                  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>FUNDRAISING CONSULTING |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/23/2024  | Payee name<br>SOLUTIONS FOR TEXAS IN FUNDRAISING LLC  |  |
| Amount (\$)<br>\$199.95   | Payee address; City; State; Zip Code<br>4238 LOMO ALTO CT<br><br>DALLAS, TX 75219                           |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SUPPLIES               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/24/2024  | Payee name<br>THE CROSS TIMBERS GAZETTE   |  |
| Amount (\$)<br>\$5,190.00   | Payee address; City; State; Zip Code<br>6101 LONG PRAIRIE RD<br>STE 744-186<br>FLOWER MOUND, TX 75028       |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>NEWSPAPER PRINT        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/11 Rpt: 24/26    | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078   |
| <b>4</b> Date<br>01/08/2024                                  | <b>5</b> Payee name<br>VISCUSI, ALEX   |  |
| <b>6</b> Amount (\$)<br>\$1,082.50                           | <b>7</b> Payee address; City; State; Zip Code<br>1112 LOPO RD<br><br>FLOWER MOUND, TX 75028    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PRINTING / POSTAGE |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/18/2024   | Payee name<br>VISCUSI, ALEX  |  |
| Amount (\$)<br>\$3,317.86                                    | Payee address; City; State; Zip Code<br>1112 LOPO RD<br><br>FLOWER MOUND, TX 75028             |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SIGNS              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/19/2024   | Payee name<br>VISCUSI, ALEX  |  |
| Amount (\$)<br>\$1,623.75                                    | Payee address; City; State; Zip Code<br>1112 LOPO RD<br><br>FLOWER MOUND, TX 75028             |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PRINTING / POSTAGE |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/11 Rpt: 25/26          | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078  |
| <b>4</b> Date<br>01/24/2024   | <b>5</b> Payee name<br>VISCUSI, ALEX   |   |
| <b>6</b> Amount (\$)<br>\$270.63                                    | <b>7</b> Payee address; City; State; Zip Code<br>1112 LOPO RD<br><br>FLOWER MOUND, TX 75028    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PRINTING / POSTAGE          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/02/2024  | Payee name<br>WINRED   |   |
| Amount (\$)<br>\$259.06   | Payee address; City; State; Zip Code<br>1776 WILSON BLVD<br>STE 530<br>ARLINGTON, VA 22219     |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARD PROCESSING FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/08/2024  | Payee name<br>WINRED   |   |
| Amount (\$)<br>\$98.51  | Payee address; City; State; Zip Code<br>1776 WILSON BLVD<br>STE 530<br>ARLINGTON, VA 22219     |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARD PROCESSING FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/11 Rpt: 26/26 | <b>2</b> FILER NAME<br>Little, Jason Mitchell (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088078 |
|--|---|--|

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| <b>4</b> Date<br>01/16/2024 | <b>5</b> Payee name<br>WINRED |
|-----------------------------|-------------------------------|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$54.18 | <b>7</b> Payee address; City; State; Zip Code<br>1776 WILSON BLVD<br>STE 530<br>ARLINGTON, VA 22219 |
|---------------------------------|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARD PROCESSING FEES |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                      |
|--------------------|----------------------|
| Date<br>01/22/2024 | Payee name<br>WINRED |
|--------------------|----------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$174.55 | Payee address; City; State; Zip Code<br>1776 WILSON BLVD<br>STE 530<br>ARLINGTON, VA 22219 |
|-------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARD PROCESSING FEES |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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