

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088078	2 Total pages filed: 35				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jason Mitchell	MI	OFFICE USE ONLY			
	NICKNAME	LAST Little	SUFFIX		Date Received ELECTRONICALLY FILED 02/26/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2841 Seven Shields Lane Lewisville, TX 75056			Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Caitlyn B.	MI				
	NICKNAME	LAST Tortorici	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 421 Office Park Drive Mountain Brook, AL 35223						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(205)	440-2873					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	26	2024		02	24	2024
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	03	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
				State Representative District 65			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 35

13 C / OH NAME Little, Jason Mitchell (Mr.)	14 Filer ID (Ethics Commission Filers) 00088078
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15 NOTICE FROM POLITICAL COMMITTEE(S) <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.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 224,548.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 420,236.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 36,970.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 125,000.00

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

18 FILER NAME Little, Jason Mitchell (Mr.)		19 Filer ID (Ethics Commission Filers) 00088078
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 216,085.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,463.96
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 50,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 385,874.32
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 34,362.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMSTERDAM, LAVERNE <hr/> 6 Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWLING, BOBBY <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79912	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) HOME BUILDER		Employer (See Instructions) TROPICANA BUILDING
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRACY, MATT <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SCHEEF STONE, LLP
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, GEORGE <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75010	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRINGTON, HENRY <hr/> Contributor address; City; State; Zip Code BARTONVILLE, TX 76226	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, TRACEY <hr/> 6 Contributor address; City; State; Zip Code PORT ARANSAS, TX 78373	7 Amount of Contribution (\$) \$4,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAWFORD, KELLY <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75238	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SCHEEF STONE, LLP
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARNELL, WELDON <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, MATTHEW <hr/> Contributor address; City; State; Zip Code KRUM, TX 76249	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) FOUNDER - PRESIDENT		Employer (See Instructions) ALLEGIANCE PROJECT FOUNDATION
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ECKARD, TROY <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions) OIL AND GAS		Employer (See Instructions) ECKARD GLOBAL ENERGY LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELSWICK, ROGER <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77068	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EXBY, DAN <hr/> Contributor address; City; State; Zip Code LANTANA, TX 76226	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) TELIT
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FITE, RALPH <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77042	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) SVP-FINANCE		Employer (See Instructions) WELCOME GROUP, LLC
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRAYMAN, OLEG <hr/> Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) ABC FITNESS
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRITCHER, SAM <hr/> Contributor address; City; State; Zip Code PLANO, TX 75024	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRITCHER, SAM <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75024	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILBERT, SUZANNE <hr/> Contributor address; City; State; Zip Code ARGYLE, TX 76226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAGGARD, KENT <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMMOND, PAMELA <hr/> Contributor address; City; State; Zip Code GRAFORD, TX 76449	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMMOND, PAMELA <hr/> Contributor address; City; State; Zip Code GRAFORD, TX 76449	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HATZFELD, JERRY <hr/> 6 Contributor address; City; State; Zip Code THE COLONY, TX 75056	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) MGR		9 Employer (See Instructions) NW BUTANE
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENRY, NANCY <hr/> Contributor address; City; State; Zip Code COPPER CANYON, TX 75077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPRO OPERATING LLC <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75006	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOPER, DONALD <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77010	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOPER, RACHEL <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77002	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) BAKERHOSTETLER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HYDE, JOE <hr/> 6 Contributor address; City; State; Zip Code SAN ANGELO, TX 76901	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PUBLISHER		9 Employer (See Instructions) HYDE INTERACTIVE
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGE, H PEYTON <hr/> Contributor address; City; State; Zip Code ARGYLE, TX 76226	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LASTER, EDWARD <hr/> Contributor address; City; State; Zip Code IRVING, TX 75039	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARDI, JAMES <hr/> Contributor address; City; State; Zip Code DENTON, TX 76205	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDEMANN, JAMES <hr/> Contributor address; City; State; Zip Code HOLLIDAY, TX 76366	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) OIL AND RANCHING		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOZANO, FELIX <hr/> 6 Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGUIRE, SEAN <hr/> Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ROOFER		Employer (See Instructions) LIFT CONSTRUCTION
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSHALL, DENNIS <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) VCFO
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCARTY, JULIE <hr/> Contributor address; City; State; Zip Code GRAPEVINE, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILTON, CHRIS <hr/> Contributor address; City; State; Zip Code COPPELL, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) EXPORTS CLERK		Employer (See Instructions) UPS SUPPLY CHAIN SOLUTION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUDRY, DAVID <hr/> 6 Contributor address; City; State; Zip Code LEWISVILLE, TX 75077	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) AUTOMATION DEVELOPER		9 Employer (See Instructions) VINSON PROCESS CONTROLS
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEAL, MICHAEL <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75010	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CYBER SECURITY MANAGER		Employer (See Instructions) TRINITY RIVER AUTHORITY
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEAL, MICHAEL <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75010	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CYBER SECURITY MANAGER		Employer (See Instructions) TRINITY RIVER AUTHORITY
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OREILLY, REAGAN <hr/> Contributor address; City; State; Zip Code COLLEGE STATION, TX 77845	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PILOT		Employer (See Instructions) UNITED AIRLINES
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKINSON, CHERYL <hr/> Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PENDERY, DARLENE <hr/> 6 Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022	7 Amount of Contribution (\$) \$50,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRY, LARRY <hr/> Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICK, JACKI <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICKENS, KELLY <hr/> Contributor address; City; State; Zip Code DENTON, TX 76210	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAJU, SAJI <hr/> Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) AMATUS HEALTH CARE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, DAVID <hr/> 6 Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTSON, JAN <hr/> Contributor address; City; State; Zip Code COPPELL, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SENNE, TERRY <hr/> Contributor address; City; State; Zip Code DENTON, TX 76205	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARP, CARL <hr/> Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRLEY, PAUL <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75007	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHURTS, WAYNE <hr/> 6 Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPAIN, KIM <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPARKS, JACOB <hr/> Contributor address; City; State; Zip Code FRISCO, TX 76036	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) NELSON MULLINS RILEY SCARBOROUGH LLP
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, CASEY <hr/> Contributor address; City; State; Zip Code ARGYLE, TX 76226	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PILOT		Employer (See Instructions) AMERICAN AIRLINES
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TANNER, BETSY <hr/> Contributor address; City; State; Zip Code STERLING CITY, TX 76951	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY, JAMES <hr/> 6 Contributor address; City; State; Zip Code LEWISVILLE, TX 75077	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC <hr/> Contributor address; City; State; Zip Code VICTORIA, TX 77901	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC <hr/> Contributor address; City; State; Zip Code VICTORIA, TX 77901	Amount of Contribution (\$) \$35,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC <hr/> Contributor address; City; State; Zip Code VICTORIA, TX 77901	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAHL, JOSH <hr/> Contributor address; City; State; Zip Code RICHARDSON, TX 75081	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SCHEEF STONE, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARD, PATRICIA	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code LANTANA, TX 76226		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYE, DAWN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code AUBREY, TX 76227		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) EDISON
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, SUSAN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code CEDAR PARK, TX 78613		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 17/35	
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENTON COUNTY CONSERVATIVE COALITION	8 Amount of contribution (\$) \$188.96	9 In-kind contribution description D3C VETTED AND ENDORSED ON VOTER PUSH CARDS
	7 Contributor address; City; State; Zip Code ARGYLE, TX 76226	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC	Amount of contribution (\$) \$8,275.00	In-kind contribution description POLLING
	Contributor address; City; State; Zip Code VICTORIA, TX 77901	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 18/35
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/06/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) LITTLE, JASON MITCHELL (Mr.)	9 Loan Amount (\$) \$50,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code LEWISVILLE, TX 75056	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) PARTNER		13 Employer (See Instructions) SCHEEF & STONE, LLP
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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.

1 Total pages Schedule F1: Sch: 1/16 Rpt: 19/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 02/01/2024	5 Payee name ANTHEM MEDIA AND MESSAGE, INC
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6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RESEARCH CONSULTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2024	Payee name ANTHEM MEDIA AND MESSAGE, INC
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Amount (\$) \$12,344.20	Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PRODUCTION
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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 02/07/2024	Payee name ANTHEM MEDIA AND MESSAGE, INC
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Amount (\$) \$66,361.00	Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
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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.

1 Total pages Schedule F1: Sch: 2/16 Rpt: 20/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 02/08/2024	5 Payee name ANTHEM MEDIA AND MESSAGE, INC
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6 Amount (\$) \$9,467.17	7 Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PRODUCTION
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name ANTHEM MEDIA AND MESSAGE, INC
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Amount (\$) \$40,819.00	Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name ANTHEM MEDIA AND MESSAGE, INC
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
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Complete ONLY 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.

1 Total pages Schedule F1: Sch: 3/16 Rpt: 21/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/06/2024	5 Payee name ARRINGTON OUTDOOR ADVERTISING	
6 Amount (\$) \$1,700.00	7 Payee address; City; State; Zip Code 2002 S STEMMONS FRWY SUITE 100 LAKE DALLAS, TX 75065	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name BRAUN, BRAYDEN	
Amount (\$) \$364.00	Payee address; City; State; Zip Code 300 HIGHLAND COURT DOUBLE OAK, TX 75077	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2024	Payee name BRAUN, BRAYDEN	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 300 HIGHLAND COURT DOUBLE OAK, TX 75077	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CANVASSING
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.

1 Total pages Schedule F1: Sch: 4/16 Rpt: 22/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/07/2024	5 Payee name CHAIN BRIDGE BANK	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVENUE MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/15/2024	Payee name CHAIN BRIDGE BANK	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVENUE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name CROSBY OTTENHOFF GROUP	
Amount (\$) \$5,250.68	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE 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.

1 Total pages Schedule F1: Sch: 5/16 Rpt: 23/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/10/2024	5 Payee name DENTON COUNTY CONSERVATIVE COALITION	
6 Amount (\$) \$188.96	7 Payee address; City; State; Zip Code 11019 S HUNTER HILL LN ARGYLE, TX 76226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: D3C VETTED AND ENDORSED ON VOTER PUSH CARDS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$1,181.71	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONOR GIFTS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$2,144.85	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONOR GIFTS
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.

1 Total pages Schedule F1: Sch: 6/16 Rpt: 24/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 01/30/2024	5 Payee name GIDEONS 300 BAMN	
6 Amount (\$) \$1,030.57	7 Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$147.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DELIVERY SERVICE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$5,500.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MANAGEMENT CONSULTING
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.

1 Total pages Schedule F1: Sch: 7/16 Rpt: 25/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 02/06/2024	5 Payee name GIDEONS 300 BAMN
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6 Amount (\$) \$10,825.00	7 Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FACILITY RENTAL
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name GIDEONS 300 BAMN
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAILS
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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 02/12/2024	Payee name GIDEONS 300 BAMN
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Amount (\$) \$2,246.35	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING / 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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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.

1 Total pages Schedule F1: Sch: 8/16 Rpt: 26/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 02/23/2024	5 Payee name GIDEONS 300 BAMN
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6 Amount (\$) \$330.60	7 Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/26/2024	Payee name IMPACT ADVERTISING LLC
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Amount (\$) \$21,908.00	Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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 01/29/2024	Payee name IMPACT ADVERTISING LLC
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Amount (\$) \$22,908.00	Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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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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.

1 Total pages Schedule F1: Sch: 9/16 Rpt: 27/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 01/30/2024	5 Payee name IMPACT ADVERTISING LLC
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6 Amount (\$) \$26,954.00	7 Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING / PRINTING / POSTAGE / CREATIVE DESIGN SERVICES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2024	Payee name IMPACT ADVERTISING LLC
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
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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 02/09/2024	Payee name IMPACT ADVERTISING LLC
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Amount (\$) \$48,954.00	Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING / 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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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.

1 Total pages Schedule F1: Sch: 10/16 Rpt: 28/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 02/16/2024	5 Payee name IMPACT ADVERTISING LLC
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6 Amount (\$) \$2,431.76	7 Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2024	Payee name IMPACT ADVERTISING LLC
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Amount (\$) \$11,250.00	Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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 02/21/2024	Payee name JONES, RONNIE
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6007 THORN TRL FLOWER MOUND, TX 75028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
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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.

1 Total pages Schedule F1: Sch: 11/16 Rpt: 29/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/01/2024	5 Payee name OUTDOOR SIGNS	
6 Amount (\$) \$3,050.00	7 Payee address; City; State; Zip Code PO BOX 600477 DALLAS, TX 75360	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name PEADBODY, BETHANY	
Amount (\$) \$287.50	Payee address; City; State; Zip Code 6716 WHITTIER DRIVE COLLEYVILLE, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name SCHOBBER ENTERPRISES, LLC	
Amount (\$) \$2,250.00	Payee address; City; State; Zip Code 304 RED TAILED HAWK DR PFLUGERVILLE, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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.

1 Total pages Schedule F1: Sch: 12/16 Rpt: 30/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 01/31/2024	5 Payee name SIMPLIFI HOLDINGS, LLC	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 128 E EXCHANGE AVE STE 700 FORT WORTH, TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$16,915.50	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$126.21	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB SERVICE
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.

1 Total pages Schedule F1: Sch: 13/16 Rpt: 31/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/05/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$24.66	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC	
Amount (\$) \$8,275.00	Payee address; City; State; Zip Code 405 E CONVENT ST VICTORIA, TX 77901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: POLLING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name VANGUARD FIELD STRATEGIES	
Amount (\$) \$32,806.00	Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
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.

1 Total pages Schedule F1: Sch: 14/16 Rpt: 32/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 01/26/2024	5 Payee name VISCUSI, ALEX	
6 Amount (\$) \$3,788.75	7 Payee address; City; State; Zip Code 1112 LOPO RD FLOWER MOUND, TX 75028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name VISCUSI, ALEX	
Amount (\$) \$2,652.13	Payee address; City; State; Zip Code 1112 LOPO RD FLOWER MOUND, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name VISCUSI, ALEX	
Amount (\$) \$1,477.63	Payee address; City; State; Zip Code 1112 LOPO RD FLOWER MOUND, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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.

1 Total pages Schedule F1: Sch: 15/16 Rpt: 33/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 01/29/2024	5 Payee name WINRED	
6 Amount (\$) \$278.18	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name WINRED	
Amount (\$) \$115.25	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name WINRED	
Amount (\$) \$215.12	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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.

1 Total pages Schedule F1: Sch: 16/16 Rpt: 34/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078	
4 Date 02/20/2024	5 Payee name WINRED		
6 Amount (\$) \$30.54	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 1/1 Rpt: 35/35	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 02/15/2024	6 Payee name IMPACT ADVERTISING LLC
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7 Amount (\$) \$34,362.00	8 Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES / PRINTING / POSTAGE
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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