

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: 45				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jason Mitchell	MI	OFFICE USE ONLY			
	NICKNAME	LAST Little	SUFFIX		Date Received ELECTRONICALLY FILED 07/15/2024		
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 checked="" 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)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		02/25/2024				06/30/2024	
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		11/05/2024		<input checked="" 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

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

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)	\$ 335,686.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 345,961.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,479.54
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**FORM C/OH
COVER SHEET PG 3**

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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	\$ 127,887.38
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 207,799.22
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	\$ 342,177.95
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,783.84
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: 1/12 Rpt: 4/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/02/2024	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 (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELO JR, ERNEST <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) PETROLEUM ENGINEER		Employer (See Instructions) SELF EMPLOYED
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUGUSTUS, DAVE <hr/> Contributor address; City; State; Zip Code ARGYLE, TX 76226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) CISCO
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEER ALLIANCE OF TEXAS PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELVILLE, LLOYD <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75007	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: 2/12 Rpt: 5/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETZ, NOAH <hr/> 6 Contributor address; City; State; Zip Code JOSHUA, TX 76058	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) BLUESTONE CREATIVES, LLC
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACKRIDGE <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) WHITLEY PENN
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOARDER, DANIEL <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75010	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRINKMAN JEFFRIES, OCIA <hr/> Contributor address; City; State; Zip Code COMFORT, TX 78013	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRINGTON, GARY <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: 3/12 Rpt: 6/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRINGTON, HENRY <hr/> 6 Contributor address; City; State; Zip Code BARTONVILLE, TX 76226	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CENTERPOINT ENERGY, INC. PAC <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77210	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARY, JUDAH <hr/> Contributor address; City; State; Zip Code JUSTIN, TX 76247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) FAST FOOD		Employer (See Instructions) MCDONALD'S
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAY, GEORGE <hr/> Contributor address; City; State; Zip Code WICHITA FALLS, TX 76302	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) HEALTH PROVIDER		Employer (See Instructions) HIGH PLAINS HEALTH PROVIDER
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORDRE, SUSAN <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75010	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: 4/12 Rpt: 7/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN PATRICK CAMPAIGN <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77046	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEASON, DARWIN <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75219	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEASON, DOUGLAS <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) DEASON CAPITAL SERVICES
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYER, DON <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PJS OF TEXAS
Date 06/28/2024	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 (\$) \$25,000.00
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: 5/12 Rpt: 8/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY GATES FOR TEXAS	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code ROSENBERG, TX 77471		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GWARTNEY, MIKE	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code DOUBLE OAK, TX 75077		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANCE, KENT	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code LUBBOCK, TX 79409		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HANCE SCARBOROUGH LLC
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSON, MARK	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code ARLINGTON, TX 76012		
Principal occupation / Job title (See Instructions) OPTOMETRIST		Employer (See Instructions) SELF EMPLOYED
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HATZFELD, JERRY	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code LEWISVILLE, TX 75056		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) NW BUTANE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEAVIN, DIANE <hr/> 6 Contributor address; City; State; Zip Code GATESVILLE, TX 76528	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLCO PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGE, JANA <hr/> Contributor address; City; State; Zip Code ARGYLE, TX 76226	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		Employer (See Instructions) SELF EMPLOYED
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERESTINE, JULIA <hr/> Contributor address; City; State; Zip Code LANTANA, TX 76226	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERESTINE, JULIA <hr/> Contributor address; City; State; Zip Code LANTANA, TX 76226	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		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: 7/12 Rpt: 10/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE A. WOODS POLITICAL ACTION COMMITTEE <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEHRDAD, MOAYEDI <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75234	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) CENTURION AMERICAN
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOON, NEAL <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PRIVATE EQUITY		Employer (See Instructions) SELF EMPLOYED
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, DAVID <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) KNIGHTVEST
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NE TARRANT TEA PARTY PAC <hr/> Contributor address; City; State; Zip Code GRAPEVINE, TX 76051	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSTRANDER, PEGGY <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75093	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) FAMILY NURSE PRACTITIONER		9 Employer (See Instructions) INSTITUTE OF HEALTH PROMOTION
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRIOT MOBILE <hr/> Contributor address; City; State; Zip Code GRAPEVINE, TX 76051	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAXTON, ARTHUR <hr/> Contributor address; City; State; Zip Code IRVING, TX 75061	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUBLIC BLUEPRINT LLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REED, KAREN <hr/> Contributor address; City; State; Zip Code BLANCO, TX 78606	Amount of Contribution (\$) \$99.00
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: 9/12 Rpt: 12/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RORSCHACH, KRISTY <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75024	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSE REVOCABLE TRUST <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOLUTIONS FOR TEXAS IN FUNDRAISING LLC <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75201	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUART, MARK <hr/> Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS OPTOMETRIC PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 04/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TRIAL LAWYERS ASSOCIATION PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THORSETH, VIENNA <hr/> Contributor address; City; State; Zip Code FRANKSTON, TX 75763	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT ANALYST		Employer (See Instructions) AHS
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UIHLEIN, RICHARD <hr/> Contributor address; City; State; Zip Code LAKE FOREST, IL 60045	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ULINE
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VASQUEZ, NICOLE <hr/> Contributor address; City; State; Zip Code DOUBLE OAK, TX 75077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) CORAM MANAGEMENT
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAMHOFF, PATRICK <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75036	Amount of Contribution (\$) \$38.38
Principal occupation / Job title (See Instructions) INTERNATIONAL ACCOUNT EXECUTIVE		Employer (See Instructions) ASURION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 05/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYE, DAWN	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code KRUGERVILLE, TX 76227		
8 Principal occupation / Job title (See Instructions) REAL ESTATE		9 Employer (See Instructions) EDISON
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHOLESALE BEER DISTRIBUTORS OF TEXAS PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, BENJAMIN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code FLOWER MOUND, TX 75028		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, KIRK	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code DALLAS, TX 75229		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) T WILSON ASSOCIATES
Date 02/28/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/45
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, WALKER <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75230	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SCHEEF STONE, LLP

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 16/45	
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/03/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, CAROL	8 Amount of contribution (\$) \$5,000.00	9 In-kind contribution description FOOD / BEVERAGE
	7 Contributor address; City; State; Zip Code DALLAS, TX 75225		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OIL AND GAS		11 Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
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 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENTON COUNTY CONSERVATIVE COALITION	Amount of contribution (\$) \$1,259.64	In-kind contribution description PRINTING / POSTAGE
	Contributor address; City; State; Zip Code ARGYLE, TX 76226		
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)			
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC	Amount of contribution (\$) \$50,000.00	In-kind contribution description ADVERTISING
	Contributor address; City; State; Zip Code VICTORIA, TX 77901		
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 17/45	
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/27/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC	8 Amount of contribution (\$) \$150,000.00	9 In-kind contribution description ADVERTISING / CANVASSING
	7 Contributor address; City; State; Zip Code VICTORIA, TX 77901	<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 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VESTERMAN, WILLIAM	Amount of contribution (\$) \$1,539.58	In-kind contribution description FOOD / BEVERAGE
	Contributor address; City; State; Zip Code LANTANA, TX 76226	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) EDUCATOR		Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
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)			

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: 1/26 Rpt: 18/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 03/03/2024	5 Payee name ADAMS, CAROL
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6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 6125 LUTHER LN STE 245 DALLAS, TX 75225
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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 IN KIND OFFSET: FOOD / BEVERAGE
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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 03/25/2024	Payee name ANTHEM MEDIA AND MESSAGE, INC
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Amount (\$) \$5,000.00	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 04/11/2024	Payee name ANTHEM MEDIA AND MESSAGE, INC
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Amount (\$) \$5,000.00	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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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: 2/26 Rpt: 19/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/19/2024	5 Payee name AT&T HOTEL AND CONFERENCE CENTER	
6 Amount (\$) \$21.00	7 Payee address; City; State; Zip Code 1900 UNIVERSITY AVE AUSTIN, TX 78705	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2024	Payee name AT&T HOTEL AND CONFERENCE CENTER	
Amount (\$) \$47.00	Payee address; City; State; Zip Code 1900 UNIVERSITY AVE AUSTIN, TX 78705	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name AT&T HOTEL AND CONFERENCE CENTER	
Amount (\$) \$18.00	Payee address; City; State; Zip Code 1900 UNIVERSITY AVE AUSTIN, TX 78705	
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
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: 3/26 Rpt: 20/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/28/2024	5 Payee name BRAUN, BRAYDEN	
6 Amount (\$) \$280.00	7 Payee address; City; State; Zip Code 300 HIGHLAND COURT DOUBLE OAK, TX 75077	
8 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 ELECTIONEERING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2024	Payee name BRAUN, BRAYDEN	
Amount (\$) \$75.00	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 ELECTIONEERING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2024	Payee name CROSBY OTTENHOFF GROUP	
Amount (\$) \$4,758.75	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: 4/26 Rpt: 21/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 04/22/2024	5 Payee name CROSBY OTTENHOFF GROUP
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6 Amount (\$) \$622.00	7 Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
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8 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
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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 04/26/2024	Payee name CROSBY OTTENHOFF GROUP
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Amount (\$) \$1,904.25	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
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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
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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 05/20/2024	Payee name CROSBY OTTENHOFF GROUP
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
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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
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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: 5/26 Rpt: 22/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 05/28/2024	5 Payee name CROSBY OTTENHOFF GROUP
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
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8 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
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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 06/03/2024	Payee name CROSBY OTTENHOFF GROUP
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Amount (\$) \$980.00	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
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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
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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 03/21/2024	Payee name DALLAS FORT WORTH AIRPORT
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Amount (\$) \$32.00	Payee address; City; State; Zip Code 2400 AVIATION DR DALLAS, TX 75261
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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
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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: 6/26 Rpt: 23/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/28/2024	5 Payee name DENTON COUNTY CONSERVATIVE COALITION	
6 Amount (\$) \$1,259.64	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: PRINTING / POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$1,204.94	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) 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 ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$242.42	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) 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
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: 7/26 Rpt: 24/45	2	FILER NAME Little, Jason Mitchell (Mr.)	3	Filer ID (Ethics Commission Filers) 00088078
4	Date 03/25/2024	5	Payee name GIDEONS 300 BAMN		
6	Amount (\$) \$208.65	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) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/18/2024		Payee name GIDEONS 300 BAMN		
	Amount (\$) \$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) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/26/2024		Payee name GIDEONS 300 BAMN		
	Amount (\$) \$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) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS		
		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: 8/26 Rpt: 25/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 04/18/2024	5 Payee name GIDEONS 300 BAMN	
6 Amount (\$) \$89.00	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) 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$89.00	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) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/06/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$188.00	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) 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
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: 9/26 Rpt: 26/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 06/04/2024	5 Payee name GIDEONS 300 BAMN
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6 Amount (\$) \$178.00	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 03/04/2024	Payee name GIDEONS 300 BAMN
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Amount (\$) \$5,545.49	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) 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
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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 03/12/2024	Payee name GIDEONS 300 BAMN
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Amount (\$) \$313.19	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) 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
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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: 10/26 Rpt: 27/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/25/2024	5 Payee name GIDEONS 300 BAMN	
6 Amount (\$) \$922.09	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$5,000.00	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 <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: 11/26 Rpt: 28/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 04/01/2024	5 Payee name GIDEONS 300 BAMN
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6 Amount (\$) \$5,500.00	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) 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
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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 05/01/2024	Payee name GIDEONS 300 BAMN
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Amount (\$) \$5,000.00	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) 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
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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 05/06/2024	Payee name GIDEONS 300 BAMN
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Amount (\$) \$5,500.00	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) 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
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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: 12/26 Rpt: 29/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/26/2024	5 Payee name GIDEONS 300 BAMN	
6 Amount (\$) \$9,900.00	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) 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 POLLING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$3,925.00	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) 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 POLLING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$330.00	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) 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

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: 13/26 Rpt: 30/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/07/2024	5 Payee name GIDEONS 300 BAMN	
6 Amount (\$) \$4,325.68	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) 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$788.17	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) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$465.30	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) 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
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: 14/26 Rpt: 31/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 05/06/2024	5 Payee name GIDEONS 300 BAMN	
6 Amount (\$) \$484.84	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) 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$242.42	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) 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
Date 02/29/2024	Payee name GREEN'S MUSIC LLC	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 4218 ROLLO CT FLOWER MOUND, TX 75028	
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 AUDIO VISUAL SERVICES
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: 15/26 Rpt: 32/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 04/30/2024	5 Payee name HOWARD SCKOLNIK, CPA	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 8203 E SIERRA PINTA DR SCOTTSDALE, AZ 85255	
8 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 ACCOUNTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/29/2024	Payee name IMPACT ADVERTISING LLC	
Amount (\$) \$11,454.00	Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106	
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 DEBT PAYMENT: CREATIVE DESIGN SERVICES / PRINTING / POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2024	Payee name IMPACT ADVERTISING LLC	
Amount (\$) \$10,613.26	Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106	
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: 16/26 Rpt: 33/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/20/2024	5 Payee name JONES, RONNIE	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 6007 THORN TRL 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 SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name LIMA CHARLEY GREEN LLC	
Amount (\$) \$143.00	Payee address; City; State; Zip Code 8718 TYLER DR LANTANA, TX 76226	
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 02/29/2024	Payee name MANNY TREVINO LLC	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1018 DAYTON DR ARGYLE, TX 76226	
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 AUDIO VISUAL SERVICES
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: 17/26 Rpt: 34/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/12/2024	5 Payee name OUTDOOR SIGNS	
6 Amount (\$) \$2,600.00	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 02/27/2024	Payee name PEADBODY, BETHANY	
Amount (\$) \$228.75	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 02/28/2024	Payee name REHBEHN, MADISON	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 3203 FLORENCE DR CORINTH, TX 76210	
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 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: 18/26 Rpt: 35/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 05/08/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$286.00	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) 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$9,877.32	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$7,910.18	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 <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: 19/26 Rpt: 36/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 04/30/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
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6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219
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8 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
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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 05/08/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219
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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
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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 03/11/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
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Amount (\$) \$52.60	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219
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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
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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: 20/26 Rpt: 37/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/21/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$42.13	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 03/11/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$70.08	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
Date 03/21/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$56.13	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 | 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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/26 Rpt: 38/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/26/2024	5 Payee name TEXANS UNITED FOR A CONSERVATIVE MAJORITY	
6 Amount (\$) \$50,000.00	7 Payee address; City; State; Zip Code 405 E CONVENT ST VICTORIA, TX 77901	
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: ADVERTISING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name TEXANS UNITED FOR A CONSERVATIVE MAJORITY	
Amount (\$) \$150,000.00	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) 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: ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/14/2024	Payee name VALENTINE DIRECT MARKETING LLC	
Amount (\$) \$1,047.27	Payee address; City; State; Zip Code 14243 PROTON RD FARMERS BRANCH, TX 75244	
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 <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: 22/26 Rpt: 39/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 02/27/2024	5 Payee name VESTERMAN, WILLIAM	
6 Amount (\$) \$1,539.58	7 Payee address; City; State; Zip Code 8718 TYLER DR LANTANA, TX 76226	
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 IN KIND OFFSET: FOOD / BEVERAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name VISCUSI, ALEX	
Amount (\$) \$828.11	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 02/26/2024	Payee name WINRED	
Amount (\$) \$583.12	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: 23/26 Rpt: 40/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 03/04/2024	5 Payee name WINRED	
6 Amount (\$) \$559.48	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 03/11/2024	Payee name WINRED	
Amount (\$) \$349.68	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 03/18/2024	Payee name WINRED	
Amount (\$) \$197.00	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: 24/26 Rpt: 41/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 04/01/2024	5 Payee name WINRED	
6 Amount (\$) \$1.97	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
Date 04/15/2024	Payee name WINRED	
Amount (\$) \$9.85	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2024	Payee name WINRED	
Amount (\$) \$9.85	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 <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: 25/26 Rpt: 42/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 05/06/2024	5 Payee name WINRED	
6 Amount (\$) \$39.40	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
Date 05/13/2024	Payee name WINRED	
Amount (\$) \$19.70	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name WINRED	
Amount (\$) \$13.79	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 <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: 26/26 Rpt: 43/45	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
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4 Date 05/28/2024	5 Payee name WINRED
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6 Amount (\$) \$3.90	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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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
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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 06/24/2024	Payee name WINRED
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Amount (\$) \$1.97	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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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 CREDIT CARD PROCESSING FEES
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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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/2 Rpt: 44/45	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 06/19/2024	6 Payee name CROSBY OTTENHOFF GROUP
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7 Amount (\$) \$1,175.00	8 Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
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9 TYPE OF EXPENDITURE	<input checked="" 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) 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
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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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Date 06/04/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 2/2 Rpt: 45/45	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 06/04/2024	6 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
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7 Amount (\$) \$77.33	8 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219
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9 TYPE OF EXPENDITURE	<input checked="" 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) 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 DELIVERY SERVICE
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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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Date 06/04/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
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Amount (\$) \$31.51	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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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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