CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00088078		2 Total pages file	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mr.	Jason Mitchell			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST Little		SUFFIX	07/15/2024	
					Date Hand-delivered or	. Data Dantura da d
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 2841 Seven Shields Lane	/ SUITE #; CIT	Υ;	ZIP CODE	Receipt #	Amount
ADDRESS Change of Address	Lewisville, TX 75056				Date Processed	, and an
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Caitlyn B.				
	NICKNAME	LAST		SUFFIX		
		Tortorici				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP ⁻	Γ / SUITE #; CITY	; STA	TE; ZIP CODE
TREASURER ADDRESS	421 Office Park Drive	,		·	•	,
(Residence or Business)	Mountain Brook, AL 35223	3				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (205) 440-2873	E NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	IROUGH	06/30/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	C Other	
	Month Day Year 11/05/2024		rimary	Runoff	Other	
	11/03/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)	
				State Represen	tative District 65	
	,			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 45

13 C / OH NAME	Little, Jason Mitchell	(Mr.)	14 Filer ID (E 00088078	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or officel	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION		IZED POLITICAL CONTRIBUTIONS (OTHER THA				
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE	CTRONICALLY)	\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 335,686.60		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 345,961.79		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 30,479.54		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 125,000.00		
17 AFFIDAVIT	-			•		
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		Mr. Ja	ason Mitchell Little			
		Signature of	Candidate or Officehold	ler		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subscribed before me, by the said, this the						
of	, 20, to ce	ertify which, witness my hand and seal of office.				
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH

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

					3 of 45
_	ER NAN		19 Filer ID	(Ethi	cs Commission Filers)
Lit	tle, Jas	on Mitchell (Mr.)	00088078		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	127,887.38
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	207,799.22
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	342,177.95
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	3,783.84
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 4/45	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 03/02/2024	5 Full name of contributor out-of-state PAC (IT AMSTERDAM, LAVERNE 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_		FLOWER MOUND, TX 75022	1_		_		
8	RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	5)		
	Date 02/29/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	PETROLEUI	M ENGINEER		SELF EMPLOYED			
	Date 03/04/2024	Full name of contributor out-of-state PAC (II AUGUSTUS, DAVE Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$100.00
	Dringing agg	ARGYLE, TX 76226		Employer (See Instructions	<u>''</u>		
	ENGINEER	pation / Job title (See Instructions)		Employer (See Instructions CISCO	·)		
	Date 03/19/2024	Full name of contributor out-of-state PAC (II BEER ALLIANCE OF TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (II BELVILLE, LLOYD Contributor address; City; State; Zip Code CARROLLTON, TX 75007			•	Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	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	Full name of contributor		7 Amount of Contribution (\$) \$50.00)
8	Principal occu	JOSHUA, TX 76058 pation / Job title (See Instructions)	9 Employer (See Instructions)		_
•	CONSULTA		BLUESTONE CREATIV		
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#:_ BLACKRIDGE Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3,000.00)
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions))	_
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See instructions))	
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#: BOARDER, DANIEL Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00)
		CARROLLTON, TX 75010			_
	Principal occu	pation / Job title (See Instructions) NG	Employer (See Instructions) WHITLEY PENN)	
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ BRINKMAN JEFFRIES, OCIA Contributor address; City; State; Zip Code COMFORT, TX 78013)	Amount of Contribution (\$) \$500.00)
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/13/2024	Full name of contributor out-of-state PAC (ID#:_ CARRINGTON, GARY Contributor address; City; State; Zip Code BARTONVILLE, TX 76226		Amount of Contribution (\$) \$200.00)
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions)		_

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/45	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 03/02/2024	 Full name of contributor out-of-state PAC (ID#:_CARRINGTON, HENRY Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	BARTONVILLE, TX 76226 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	RETIRED	pation / Job title (See Instructions)	RETIRED)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ CENTERPOINT ENERGY, INC. PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	HOUSTON, TX 77210 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions)		
	Date 05/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$50.00
		JUSTIN, TX 76247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions MCDONALD'S)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_CLAY, GEORGE Contributor address; City; State; Zip Code WICHITA FALLS, TX 76302			Amount of Contribution (\$)	\$2,500.00
	Principal occu HEALTH PR	pation / Job title (See Instructions)	Employer (See Instructions HIGH PLAINS HEALTH		ROVIDER	
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ CORDRE, SUSAN Contributor address; City; State; Zip Code CARROLLTON, TX 75010)		Amount of Contribution (\$)	\$200.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/45	
2	FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	Little, Jason	Mitchell (Mr.)		00088078	
4	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: DAN PATRICK CAMPAIGN Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$5,000.00
_		HOUSTON, TX 77046			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/26/2024	DEASON, DARWIN			\$5,000.00
		Contributor address; City; State; Zip Code			
		DALLAS, TX 75219			
	RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	15)	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	04/26/2024	DEASON, DOUGLAS Contributor address; City; State; Zip Code			\$5,000.00
		DALLAS, TX 75229			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ns)	
	PRESIDENT	Γ	DEASON CAPITAL SEF	ERVICES	
	Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	03/04/2024	DYER, DON			\$2,500.00
		Contributor address; City; State; Zip Code		"	
		AUSTIN, TX 78731			
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions PJS OF TEXAS	าร)	
	Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	06/28/2024	ECKARD, TROY			25,000.00
		Contributor address; City; State; Zip Code			
		VAN ALSTYNE, TX 75495			
	Principal occu OIL AND GA	upation / Job title (See Instructions)	Employer (See Instructions ECKARD GLOBAL ENE		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/45	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commissio 00088078	n Filers)
4	Date 03/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ GARY GATES FOR TEXAS 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
_	Dringing! goog	ROSENBERG, TX 77471	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_GWARTNEY, MIKE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu	DOUBLE OAK, TX 75077 pation / Job title (See Instructions)	Employer (See Instructions			
	RETIRED	pation / 300 title (3ee instructions)	RETIRED			
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ HANCE, KENT Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		LUBBOCK, TX 79409				
	Principal occu ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions HANCE SCARBOROUG		LLC	
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ HANSON, MARK Contributor address; City; State; Zip Code ARLINGTON, TX 76012			Amount of Contribution (\$)	\$100.00
	Principal occu OPTOMETR	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ HATZFELD, JERRY Contributor address; City; State; Zip Code LEWISVILLE, TX 75056)		Amount of Contribution (\$)	\$250.00
	Principal occu MANAGER	pation / Job title (See Instructions)	Employer (See Instructions NW BUTANE)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/45	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	n Filers)
4	Date 03/04/2024	 Full name of contributor out-of-state PAC (ID#:_ HEAVIN, DIANE Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$	10,000.00
_	Duinning Langu	GATESVILLE, TX 76528	O Francisco (Coo Instructions			
8	RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED)		
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#:_ HILLCO PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$	10,000.00
	Dringinal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fillicipal occu	pation / Job title (See Instituctions)	Employer (See Instructions)		
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ INGE, JANA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		ARGYLE, TX 76226				
		pation / Job title (See Instructions) TE BROKER	Employer (See Instructions) SELF EMPLOYED)		
	Date 04/06/2024	Full name of contributor out-of-state PAC (ID#:_KERESTINE, JULIA Contributor address; City; State; Zip Code LANTANA, TX 76226)		Amount of Contribution (\$)	\$250.00
	Principal occu ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_KERESTINE, JULIA Contributor address; City; State; Zip Code LANTANA, TX 76226)		Amount of Contribution (\$)	\$250.00
	Principal occu ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/45	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3 Filer ID (Ethics Commission F 00088078	ilers)
4	Date 04/01/2024	Full name of contributor		7 Amount of Contribution (\$) \$1	1,000.00
_		AUSTIN, TX 78701			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	ns)	
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_MEHRDAD, MOAYEDI Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10),000.00
	Principal occu	DALLAS, TX 75234 spation / Job title (See Instructions) TE	Employer (See Instructions) CENTURION AMERICA		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ MOON, NEAL Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00
	Dringinal occu	DALLAS, TX 75229 upation / Job title (See Instructions)	Employer (See Instructions)	ne)	
	PRIVATE E		SELF EMPLOYED	110)	
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_MOORE, DAVID Contributor address; City; State; Zip Code DALLAS, TX 75248		Amount of Contribution (\$)	.,000.00
	Principal occu REAL ESTA	pation / Job title (See Instructions) TE	Employer (See Instructions) KNIGHTVEST	ns)	
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ NE TARRANT TEA PARTY PAC Contributor address; City; State; Zip Code GRAPEVINE, TX 76051		Amount of Contribution (\$)	\$200.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ns)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/45	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 03/24/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	PLANO, TX 75093 pation / Job title (See Instructions)	Employer (See Instructions			
0		RSE PRACTITIONER	INSTITUTE OF HEALTH		ROMOTION	
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#: PATRIOT MOBILE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Dringing ago	GRAPEVINE, TX 76051 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See instructions	')		
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: PAXTON, ARTHER Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		IRVING, TX 75061				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions) RETIRED	<u>s)</u>		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: PUBLIC BLUEPRINT LLC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_REED, KAREN Contributor address; City; State; Zip Code BLANCO, TX 78606)		Amount of Contribution (\$)	\$99.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	NS	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/45	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 05/31/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
•	Dringing! goog	PLANO, TX 75024		Employer (See Instructions			
8	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 05/31/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	<u> </u>	PLANO, TX 75093					
	Principal occu	pation / Job title (See Instructions)	t	Employer (See Instructions)		
	Date 03/04/2024	Full name of contributor	_			Amount of Contribution (\$)	\$2,500.00
		DALLAS, TX 75201					
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions)		
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:STUART, MARK Contributor address; City; State; Zip Code LEWISVILLE, TX 75056)		Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#: TEXAS OPTOMETRIC PAC Contributor address; City; State; Zip Code AUSTIN, TX 78705)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions)		
		'					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A		
	The Instruction Guide explains how to complete this form.				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 out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS ASSOCIATION PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$5,000.00
_	<u></u>	AUSTIN, TX 78701			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
	Date 03/06/2024	Full name of contributor out-of-state PAC (ID#:_ THORSETH, VIENNA Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00
	Deignaignal annu	FRANKSTON, TX 75763	Fandayay (Caa laakuutiaa)		
	IT ANALYST	pation / Job title (See Instructions)	Employer (See Instructions) AHS)	
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ UIHLEIN, RICHARD Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00
		LAKE FOREST, IL 60045			
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) ULINE)	
	Date 03/03/2024	Full name of contributor out-of-state PAC (ID#:_VASQUEZ, NICOLE Contributor address; City; State; Zip Code DOUBLE OAK, TX 75077			Amount of Contribution (\$) \$50.00
	Principal occu ACCOUNTA	Ipation / Job title (See Instructions) NNT	Employer (See Instructions)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_WAMHOFF, PATRICK Contributor address; City; State; Zip Code FRISCO, TX 75036			Amount of Contribution (\$) \$38.38
	•	ipation / Job title (See Instructions) ONAL ACCOUNT EXECUTIVE	Employer (See Instructions) ASURION)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 11/12 Rpt: 14/45	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Little, Jason	Mitchell (Mr.)			00088078	
4	Date 05/08/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		KRUGERVILLE, TX 76227				
8	Principal occu REAL ESTA	pation / Job title (See Instructions) TE	9 Employer (See Instructions EDISON)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/19/2024	WHOLESALE BEER DISTRIBUTORS OF TEXA	AS PAC			\$1,000.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	02/26/2024	WILSON, BENJAMIN				\$100.00
		Contributor address; City; State; Zip Code				
		FLOWER MOUND, TX 75028				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/10/2024	WILSON, KIRK				\$5,000.00
		Contributor address; City; State; Zip Code				
		DALLAS, TX 75229				
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions T WILSON ASSOCIATE			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/28/2024	WILSON, SUSAN				\$50.00
		Contributor address; City; State; Zip Code				
		CEDAR PARK, TX 78613				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		

	MONET	TARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
	The Instru	action Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/45
2	FILER NAME Little, Jason	FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4	Date 02/26/2024	 Full name of contributor	#:)	7 Amount of Contribution (\$) \$300.00
		DALLAS, TX 75230		
8	Principal occu	upation / Job title (See Instructions) /	9 Employer (See Instructions SCHEEF STONE, LLP	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 16/45					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Mitchell (Mr.)		00088078				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
03/03/2024	ADAMS, CAROL		contribution (\$) description				
	7 Contributor address; City; State; Zip Code		\$5,000.001FOOD / BEVERAGE				
			į				
	DALLAS, TX 75225		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)				
OIL AND G	AS	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 contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	, , , , , , , , , , , , , , , , , , , ,						
Data	Full name of contributor		Amount of ! In-kind contribution				
Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description				
02/20/2024	DENTON COUNTY CONSERVATIVE COALITIC	JN	\$1,259.641 PRINTING / POSTAGE				
	Contributor address; City; State; Zip Code						
			į į				
	ADCVIE TV 76226		_				
Driveineless	ARGYLE, TX 76226	Franks von (FOR NON	Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
O a septemble septemble	rain single assumation (FOR AUDIOIAL)	O tuil i - h- titl-	(FOR AUDIOIAL) (Considerations)				
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution				
02/26/2024	TEXANS UNITED FOR A CONSERVATIVE MA	JORITY PAC	contribution (\$) description \$50,000.00 I ADVERTISING				
	Contributor address; City; State; Zip Code		SO,000.00TADVERTISING				
			į				
	VICTORIA, TX 77901		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or'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 SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 17/45 3 Filer ID (Ethics Commission Filers) FILER NAME Little, Jason Mitchell (Mr.) 00088078 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor out-of-state PAC (ID#: Amount of 9 In-kind contribution contribution (\$) description 02/27/2024 TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC \$150,000.00 | ADVERTISING / 7 Contributor address; City; State; Zip Code CANVASSING VICTORIA, TX 77901 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) 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 Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 02/27/2024 VESTERMAN, WILLIAM \$1,539.58 | FOOD / BEVERAGE Contributor address; City; State; Zip Code LANTANA, TX 76226 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) **EDUCATOR** 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			oense ages/Contract		Travel in Dis Travel Out o OTHER (en		
1	Total pages Schedule F1:	2 FILER NAM	IE				;	3 Filer ID	(Ethics Commission Filers)	
	Sch: 1/26 Rpt: 18/45	Little, Jasc	on Mitchell (Mr.)					0008807	78	
4	Date	5 Payee name	e							
	03/03/2024	ADAMS, C								
6	Amount (\$)	7 Payee addr	ess; City;	State:	Zip Cod	le				
	\$5,000.00	6125 LUTI	HER LN		•					
		STE 245								
		DALLAS, ⁻	TX 75225							
8	PURPOSE		See Categories listed at the	ton of this coho	udulo)	(b) Descri	intion			
	OF		erage Expense	top of this sche	edule)	_	•	utside of Texas.	Complete Schedule T.	
	EXPENDITURE		3 1					TX, officeholder		
						IN KII	ND OFFS	SET: FOOD) / BEVERAGE	
_										
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	O:	ffice soug	ht		Offic	e held	
	Date	Payee name	е							
L	03/25/2024	ANTHEM	MEDIA AND MESS	SAGE, INC	<u> </u>					
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	le				
	\$5,000.00	6412 SOT	ER PARKWAY							
		AUSTIN, T	TX 78735							
	PURPOSE	(a) Category	See Categories listed at the	top of this sche	edule)	(b) Descri	ption			
	OF EXPENDITURE	Advertisino							Complete Schedule T.	
								TX, officeholder ERTISING		
						וסוו	, (L , (D V			
_	Complete ONLY if direct	Candidate/Of	fficeholder name	O:	ffice soug	ht		Offic	e held	
	expenditure to benefit C/OI				9			- "		
_	Date	Payee name								
	04/11/2024	1	e MEDIA AND MESS	SAGE. INC	;					
_	Amount (\$)	Payee addr			Zip Cod	 le				
	\$5,000.00		ER PARKWAY	Sidio,	2.p 000					
	φο,σσσ.σσ	0.12.001								
		AUSTIN, T	TX 78735							
	PURPOSE OF		See Categories listed at the	top of this sche	edule)	(b) Descri				
	EXPENDITURE	Advertisin	g Expense					utside of Texas. TX, officeholder	Complete Schedule T.	
								ERTISING		
							•			
	Complete ONLY if direct	Candidate/Of	fficeholder name	O	ffice soug	ht		Offic	e held	
	expenditure to benefit C/O	4								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatalana O. I. I. T.	
1	Total pages Schedule F1:	
L	Sch: 2/26 Rpt: 19/45	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	03/19/2024	AT&T HOTEL AND CONFERENCE CENTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.00	1900 UNIVERSITY AVE
		AUSTIN, TX 78705
Ļ	DUDDOCE	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVEL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	03/20/2024	AT&T HOTEL AND CONFERENCE CENTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.00	1900 UNIVERSITY AVE
		AUSTIN, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TRAVEL
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/21/2024	AT&T HOTEL AND CONFERENCE CENTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	1900 UNIVERSITY AVE
	φ10.00	1000 ONIVEROIT I AVE
		ALIOTINI TV 70705
		AUSTIN, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense TRAVEL
		IRAVEL
_	Operation ONE VIII II	Open Highest (Office health a group of the second to the s
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions ['] Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/26 Rpt: 20/45	Little, Jason Mitchell (Mr.) Curics Commission Files) 00088078
4 Date	5 Payee name
02/28/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ELECTIONEERING
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/12/2024	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 Check if travel outside of Texas. Complete Schedule T. 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	Payee name
03/18/2024	CROSBY OTTENHOFF GROUP
Amount (\$)	Payee address; City; State; Zip Code
\$4,758.75	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/26 Rpt: 21/45	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	04/22/2024	CROSBY OTTENHOFF GROUP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$622.00	611 PENNSYLVANIA AVE SE #267
		WASHINGTON, DC 20003
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit eror	<u> </u>
	Date	Payee name
	04/26/2024	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,904.25	611 PENNSYLVANIA AVE SE #267
		WASHINGTON, DC 20003
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/20/2024	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	611 PENNSYLVANIA AVE SE #267
		WASHINGTON, DC 20003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
		COMPLIANCE CONSULTING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/26 Rpt: 22/45	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	05/28/2024	CROSBY OTTENHOFF GROUP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	611 PENNSYLVANIA AVE SE #267
		WASHINGTON, DC 20003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
		COMIT ELL TIVOL CONSOLTTIVO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	06/03/2024	CROSBY OTTENHOFF GROUP
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$980.00	611 PENNSYLVANIA AVE SE #267
L		WASHINGTON, DC 20003
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
		COMIT ELL TIVOL CONSOLTTIVO
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/21/2024	DALLAS FORT WORTH AIRPORT
L	Amount (\$)	Payee address; City; State; Zip Code
	\$32.00	2400 AVIATION DR
	\$32.00	2400 AVIATION DR
L		DALLAS, TX 75261
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVEL
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Ser	Legal Services Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form			· · · · · · · · · · · · · · · · · · ·				
1	Total pages Schedule F1:		•		1	2	Filer ID	(Ethics Commission	Filers)	
-	Sch: 6/26 Rpt: 23/45	Little, Jason Mitche	ell (Mr.)			3	00088078	(Ethios Commission	1 11013)	
4	Date	5 Payee name	Pavee name							
	02/28/2024		Y CONSERVATIVE COAL	IOITI.	N					
6	Amount (\$) \$1,259.64	7 Payee address; 11019 S HUNTER ARGYLE, TX 7622		Code						
8	PURPOSE			(h)	Description					
•	OF EXPENDITURE	Advertising Expens	ries listed at the top of this schedule)		Check if Austin,	, TX,	de of Texas. Comp officeholder living			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholde	r name Office s	ought			Office he	ld		
	Date	Payee name								
	02/26/2024	GIDEONS 300 BA	MN							
	Amount (\$)	Payee address;	City; State; Zip	Code						
	\$1,204.94	6101 LONG PRAIF	RIE RD							
		744-244								
		FLOWER MOUND	, TX 75028							
	PURPOSE OF	(a) Category (See Category	ries listed at the top of this schedule)	(b)	Description					
	EXPENDITURE	Advertising Expens	se			, TX,	de of Texas. Com officeholder living			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	r name Office s	ought			Office he	eld		
	Date	Payee name								
	04/01/2024	GIDEONS 300 BA	MN							
	Amount (\$) \$242.42	Payee address; 6101 LONG PRAIF 744-244 FLOWER MOUND		Code						
	PURPOSE OF EXPENDITURE	(a) Category (See Category Advertising Expens	ries listed at the top of this schedule) SE	(b)		, TX,	de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	r name Office s	ought			Office he	eld		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/26 Rpt: 24/45 Little, Jason Mitchell (Mr.) 00088078 4 Date Payee name 03/25/2024 **GIDEONS 300 BAMN** 6 Amount (\$) Payee address; State; Zip Code City; \$208.65 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **DONATIONS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/18/2024 GIDEONS 300 BAMN Amount (\$) Payee address; State; Zip Code City; \$500.00 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **DONATIONS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/26/2024 GIDEONS 300 BAMN Amount (\$) Payee address: City; State; Zip Code \$500.00 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **DONATIONS** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 8/26 Ppt: 25/45	
Sch: 8/26 Rpt: 25/45	Little, Jason Mitchell (Mr.) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FACILITY RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FACILITY RENTAL
Complete ONLY if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FACILITY RENTAL
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
4 7 1 2 1 1 = 1	
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
4 Date 06/04/2024	5 Payee name GIDEONS 300 BAMN
6 Amount (\$) \$178.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FACILITY RENTAL
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date 03/04/2024	Payee name GIDEONS 300 BAMN
Amount (\$) \$5,545.49	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) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date 03/12/2024	Payee name GIDEONS 300 BAMN
Amount (\$) \$313.19	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) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 10/26 Rpt: 27/45	Little, Jason Mitchell (Mr.) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MANAGEMENT CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MANAGEMENT CONSULTING
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 11/26 Rpt: 28/45	L	Little, Jason	Mitchell (Mr.)						00088078	
4	Date	5	Payee name								
	04/01/2024		GIDEONS 3	BOO BAMN							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$5,500.00		6101 LONG	PRAIRIE RD							
			744-244								
			FLOWER M	IOUND, TX 750	028						
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Consulting I	Expense				=		de of Texas. Com	
								MANAGEME		officeholder living	
								, v, COLIVIL		JONGOLII	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	office sou	ght			Office he	eld
	expenditure to benefit C/O						J				
	Date		Payee name								
	05/01/2024	L	GIDEONS 3								
	Amount (\$)		Payee addres	-	State;	Zip Co	de				
	\$5,000.00			PRAIRIE RD							
			744-244								
			FLOWER M	IOUND, TX 750	028						
	PURPOSE OF	(a)		ee Categories listed at	the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Consulting I	Expense						de of Texas. Com officeholder living	
								MANAGEME			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	office sou	ght			Office he	eld
H	Date		Payee name								
	05/06/2024		GIDEONS 3	BOO BAMN							
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de				
	\$5,500.00		,	PRAIRIE RD	,	,					
	•		744-244								
				OUND, TX 750	028						
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Consulting I			,		Check if travel of		de of Texas. Com	•
	LAFLINDITORE							_		officeholder living	
								MANAGEME	I I/I	CONSULTI	ING
	Complete ONLY if direct	Ц,	`andidate/Offi	ceholder name		office sou	aht			Office he	ald
	expenditure to benefit C/O		za ididato/OIII	ocholaci Hame	O	300	9111			Office He	J.G.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLED (control of expense and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/26 Rpt: 29/45	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	02/26/2024	GIDEONS 300 BAMN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,900.00	6101 LONG PRAIRIE RD
		744-244
		FLOWER MOUND, TX 75028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense POLLING
		1 GEEING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	GIDEONS 300 BAMN
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,925.00	6101 LONG PRAIRIE RD
		744-244
		FLOWER MOUND, TX 75028
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense POLLING
		1 GEEING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	GIDEONS 300 BAMN
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.00	6101 LONG PRAIRIE RD
		744-244
		FLOWER MOUND, TX 75028
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		SIGNS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/26 Rpt: 30/45	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	03/07/2024	GIDEONS 300 BAMN
6	` '	7 Payee address; City; State; Zip Code
	\$4,325.68	6101 LONG PRAIRIE RD
	l	744-244
		FLOWER MOUND, TX 75028
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. 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	Payee name
	03/12/2024	GIDEONS 300 BAMN
	Amount (\$)	Payee address; City; State; Zip Code
	\$788.17	6101 LONG PRAIRIE RD
	!	744-244
_	DUDDOCE	FLOWER MOUND, TX 75028
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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	Payee name
	06/04/2024	GIDEONS 300 BAMN
	Amount (\$) \$465.30	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD
	φ405.30 <u> </u>	744-244
		FLOWER MOUND, TX 75028
	- DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TRAVEL
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 14/26 Rpt: 31/45	Little, Jason Mitchell (Mr.) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEB SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEB SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUDIO VISUAL SERVICES
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	=				3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/26 Rpt: 32/45	Little, Jaso	n Mitchell (Mr.)					00088078		
4	Date	5 Payee name								
	04/30/2024	HOWARD	SCKOLNIK, CPA							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$1,000.00	8203 E SIE	RRA PINTA DR							
		SCOTTSD	ALE, AZ 85255							
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Accounting	/Banking					ide of Texas. Com , officeholder living		
						ACCOUNTIN		, onicendider living	i experise	
						7.000011111				
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald	
_	expenditure to benefit C/O		icenduel name	Office 300	agrit.			Office fie	siu .	
	Date	Payee name								
	02/29/2024	IMPACT A	OVERTISING LLC							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$11,454.00	1260 E ST	RINGHAM AVE							
		SUITE 400								
		SALT LAKI	E CITY, UT 84106							
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense					ide of Texas. Com		
						_		, officeholder living	/E DESIGN SERVICE:	c /
						PRINTING / F			L DESIGN SERVICE	31
	Complete ONLY if direct		iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	03/05/2024	IMPACT A	OVERTISING LLC							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$10,613.26	1260 E ST	RINGHAM AVE							
		SUITE 400								
		SALT LAKI	E CITY, UT 84106							
	PURPOSE	(a) Category (s	ee Categories listed at the to	n of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	-	p or ano conceancy			outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		•			Check if Austin	, TX	, officeholder living	expense	
							ES	SIGN SERVI	CES / PRINTING /	
						POSTAGE				
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
L	expenditure to benefit C/O	-								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditary(Officeboldor/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 16/26 Rpt: 33/45	Little, Jason Mitchell (Mr.) 00088078						
4	Date	5 Payee name						
	03/20/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SIGNS						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	03/04/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	02/29/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUDIO VISUAL SERVICES						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 17/26 Rpt: 34/45	Little, Jason Mitchell (Mr.) 00088078	
4	Date	5 Payee name	
	03/12/2024	OUTDOOR SIGNS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,600.00	PO BOX 600477	
		DALLAS, TX 75360	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense SIGNS	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/27/2024	PEADBODY, BETHANY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$228.75	6716 WHITTIER DRIVE	
		COLLEYVILLE, TX 76034	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES	
		CALATIVE DESIGN SERVICES	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	02/28/2024	REHBEHN, MADISON	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	3203 FLORENCE DR	
		CORINTH, TX 76210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense CANVASSING	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex e Legal Services The Instruction Guid	Salar	-	ges/Contract Labor	Travel Out of I OTHER (enter	District r a category not listed above)
1	Total pages Schedule F1:	2 FII F			<u> </u>		3 Filer ID	(Ethics Commission Filers)
	Sch: 18/26 Rpt: 35/45		e, Jason Mitchell (Mr.)				00088078	,
4	Date	5 Paye	ee name					
	05/08/2024	SOL	LUTIONS FOR TEXAS IN	FUNDRAISIN	G LL	C		
6	Amount (\$)	1 1	ee address; City;	State; Zip	Code	;		
	\$286.00	423	8 LOMO ALTO CT					
		DAL	LLAS, TX 75219					
8	PURPOSE OF		egory (See Categories listed at the t		(b	Description		
	EXPENDITURE	Gift/	/Awards/Memorials Expen	ise			outside of Texas. Co n, TX, officeholder livi	•
						DONOR GIF		g onpondo
						.		
9	Complete ONLY if direct		idate/Officeholder name	Office	<u> </u>	ıt	Office I	held
	expenditure to benefit C/O				J .			
F	Date	Pave	ee name					
	03/11/2024	1 1	LUTIONS FOR TEXAS IN	FUNDRAISIN	G LL	С		
Г	Amount (\$)	Paye	ee address; City;	State; Zip	Code	;		
	\$9,877.32	423	8 LOMO ALTO CT					
			LLAS, TX 75219					
	PURPOSE OF	ı	egory (See Categories listed at the t		(b	Description	outoide of T	amplete Schadula T
	EXPENDITURE	Soli	citation/Fundraising Expe	nse		=	outside of Texas. Co n, TX, officeholder livi	
							NG CONSULT	
	Complete ONLY if direct expenditure to benefit C/OH		idate/Officeholder name	Office	sough	nt	Office I	held
	Date	1 1	ee name					
L	03/21/2024	SOL	LUTIONS FOR TEXAS IN	FUNDRAISIN	G LL	C		
	Amount (\$)	1	ee address; City;	State; Zip	Code	- 		
	\$7,910.18	423	8 LOMO ALTO CT					
		DAL	LLAS, TX 75219					
	PURPOSE	ı	egory (See Categories listed at the t		(b	Description		
	OF EXPENDITURE	Soli	citation/Fundraising Expe	nse		ш	outside of Texas. Co	•
							n, TX, officeholder livi NG CONSULT	
						. SINDIAMI	JOINJULI	
	Complete ONLY if direct	L Candi	idate/Officeholder name	Office	 souah	 it	Office I	held
	expenditure to benefit C/Oh				J.,			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/26 Rpt: 36/45	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
L	04/30/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	4238 LOMO ALTO CT
		DALLAS, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
		FONDRAISING CONSOLTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	05/08/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	4238 LOMO ALTO CT
	\$2,500.00	4230 LONIO ALTO CT
L		DALLAS, TX 75219
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FUNDRAISING CONSULTING
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/11/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$52.60	4238 LOMO ALTO CT
		DALLAS, TX 75219
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TRAVEL
L	0 1: 0:::::::::::::::::::::::::::::::::	
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: 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 Check if travel outside of Texas. Complete Schedule T. 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	Payee name
	03/11/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEB SERVICE
	Complete ONLY if direct expenditure to benefit C/O	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEB SERVICE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		-ilers)
	Sch: 21/26 Rpt: 38/45	Little, Jason Mitchell (Mr.) 00088078	
4	Date	5 Payee name	
	02/26/2024	TEXANS UNITED FOR A CONSERVATIVE MAJORITY	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50,000.00	405 E CONVENT ST	
		VICTORIA, TX 77901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		IN KIND OFFSET: ADVERTISING	
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	
	02/27/2024	TEXANS UNITED FOR A CONSERVATIVE MAJORITY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150,000.00	405 E CONVENT ST	
		VICTORIA, TX 77901	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		IN KIND OFFSET: ADVERTISING	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	05/14/2024	VALENTINE DIRECT MARKETING LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,047.27	14243 PROTON RD	
		FARMERS BRANCH, TX 75244	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		PRINTING / POSTAGE	
	Operation ONE V. C. F.		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
	Sch: 22/26 Rpt: 39/45	Little, Jason Mitchell (Mr.) 00088078					
4	Date	5 Payee name					
	02/27/2024	VESTERMAN, WILLIAM					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,539.58	8718 TYLER DR					
		LANTANA, TX 76226					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF EXPENDITURE	Food/Beverage Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		IN KIND OFFSET: FOOD / BEVERAGE					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
			_				
	Date	Payee name					
	03/01/2024	VISCUSI, ALEX					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$828.11	1112 LOPO RD					
		FLOWER MOUND, TX 75028					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense SIGNS					
		SIGNO					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
expenditure to benefit C/OH							
	Date	Payee name	_				
	02/26/2024	WINRED					
			_				
	Amount (\$) \$583.12	Payee address; City; State; Zip Code 1776 WILSON BLVD					
	Φ303.12						
		STE 530					
		ARLINGTON, VA 22219					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		CREDIT CARD PROCESSING FEES					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 23/26 Rpt: 40/45	Little, Jason Mitchell (Mr.) 00088078						
4	Date	5 Payee name						
	03/04/2024	WINRED						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$559.48	1776 WILSON BLVD						
		STE 530						
		ARLINGTON, VA 22219						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES						
		CREDIT CARD PROCESSING FEES						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	03/11/2024	WINRED						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$349.68	1776 WILSON BLVD						
		STE 530						
		ARLINGTON, VA 22219						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
CREDIT CARD PROCESSING FEES								
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH								
	Date	Payee name						
03/18/2024 WINRED								
	Amount (\$)	Payee address; City; State; Zip Code						
\$197.00 1776 WILSON BLVD								
		STE 530						
		ARLINGTON, VA 22219						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		CREDIT CARD PROCESSING FEES						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
Г								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 24/26 Rpt: 41/45	Little, Jason Mitchell (Mr.) 00088078						
4	Date	5 Payee name						
	04/01/2024	WINRED						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1.97	1776 WILSON BLVD						
		STE 530						
		ARLINGTON, VA 22219						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		CREDIT CARD PROCESSING FEES						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	04/15/2024	WINRED						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$9.85	1776 WILSON BLVD						
		STE 530						
		ARLINGTON, VA 22219						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
CREDIT CARD PROCESSING FE								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH								
	Date	Payee name						
	04/29/2024	WINRED						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$9.85	1776 WILSON BLVD						
	40.00	STE 530						
		ARLINGTON, VA 22219						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		CREDIT CARD PROCESSING FEES						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	c)				
1	Total pages Schedule F1:		n Filers)				
	Sch: 25/26 Rpt: 42/45						
4	Date	5 Payee name					
	05/06/2024	WINRED					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$39.40	1776 WILSON BLVD					
		STE 530					
		ARLINGTON, VA 22219					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense						
		CREDIT CARD PROCESSING FEES					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
_	Date	Payee name					
	05/13/2024	WINRED					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$19.70	1776 WILSON BLVD					
	Φ19.70	STE 530					
		ARLINGTON, VA 22219					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE		Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		CREDIT CARD PROCESSING FEES					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	DH					
	Date	Payee name					
	05/20/2024	WINRED					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$13.79	1776 WILSON BLVD					
		STE 530					
		ARLINGTON, VA 22219					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		CREDIT CARD PROCESSING FEES					
_	Complete ONII V if allow	Condidate Office helder page					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH					

SCHEDULE F1

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

Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Lenal Services Salaries/

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	t/Awards/Memorials gal Services ne Instruction G	·		/ages/	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed	above)
1	Total pages Schedule F1: Sch: 26/26 Rpt: 43/45		Little, Jason M	litchell (Mr.)						Filer ID 00088078	(Ethics Commi	ssion Filers)
	05/28/2024		Payee name WINRED									
6	Amount (\$) \$3.90	7	Payee address; 1776 WILSON STE 530 ARLINGTON,	I BLVD	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category (See of Fees	Categories listed at t	the top of this sche	edule)		=	, TX,	de of Texas. Com officeholder living PROCESSII	expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
	Date 06/24/2024		Payee name WINRED									
	Amount (\$) \$1.97		Payee address; 1776 WILSON STE 530 ARLINGTON,	I BLVD	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See of					ш	, TX,		expense NG FEES	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 44/45 Little, Jason Mitchell (Mr.) 00088078 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Payee name 5 Date 06/19/2024 **CROSBY OTTENHOFF GROUP** Amount (\$) Payee address; City; State; Zip Code \$1,175.00 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/04/2024 SOLUTIONS FOR TEXAS IN FUNDRAISING LLC Amount (\$) Payee address; City; State; Zip Code \$2,500.00 4238 LOMO ALTO CT DALLAS, TX 75219 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 45/45 Little, Jason Mitchell (Mr.) 00088078 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Payee name 5 Date 06/04/2024 SOLUTIONS FOR TEXAS IN FUNDRAISING LLC Amount (\$) Payee address; City; State; Zip Code \$77.33 4238 LOMO ALTO CT DALLAS, TX 75219 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **DELIVERY SERVICE** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/04/2024 SOLUTIONS FOR TEXAS IN FUNDRAISING LLC Amount (\$) Payee address; City; State; Zip Code \$31.51 4238 LOMO ALTO CT DALLAS, TX 75219 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense **TRAVEL** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH