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 Comm 00088078		2 Total pages	filed: 34	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
NAME	Mr.	Jason Mitchell			Date Received ELECTRONIC	`ALLV EILED	
					10/07/2024	ALLT FILED	
	NICKNAME	LAST Little		SUFFIX	10/07/2024		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER MAILING ADDRESS	2841 Seven Shields Lane				Receipt #	Amount	
Change of Address	Lewisville, TX 75056						
🖰	,				Date Processed		
					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 DI EASE).	ΔΡ	T / SUITE #; CIT		ATE; ZIP CODE	
TREASURER ADDRESS	421 Office Park Drive		7 u	1730112 ", "	1, 31	7.112, 211 0002	
(Residence or Business)	Mountain Brook, AL 35223	1					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION				
TREASURER PHONE	(205) 440-2873						
8 REPORT TYPE	January 15 X	30th day before	election	Runoff		ampaign treasurer	
	July 15	8th day before 6	election	Exceeded modified reporting limit	appointment (of Final Report (At		
9 PERIOD	Month Day Year			Month Day	y Year		
COVERED	07/01/2024	TH	IROUGH	09/26/20			
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	Pi	rimary	Runoff	Other		
	11/05/2024	XG	eneral	Special			
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	HT (if known)		
				State Represe	ntative District 65		
	1			I			
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 34

13 C / OH NAME	Little, Jason Mitchell	(Mr.)	14 Filer ID (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 to I officeholders are required to report this information	the candidate's or office	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 TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 75,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 73,421.62
CONTRIBUTION BALANCE	REPORTING PE			\$ 32,682.92
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	
			Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 01 34
	LER NAM	ME on Mitchell (Mr.)	19 Filer ID 00088078	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	64,800.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	10,825.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	73,421.62
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10). <u></u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/34	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 08/27/2024	5 Full name of contributor ALDRIDGE, DREW6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
_		FLOWER MOUND, TX 75					
8	Principal occu SOLDIER	pation / Job title (See Instructions	5)	9 Employer (See Instructions NATIONAL GUARD	5)		
	Date 09/13/2024	Full name of contributor APARTMENT ASSN OF Contributor address; City; S		_		Amount of Contribution (\$)	\$500.00
	Principal occu	IRVING, TX 75038 pation / Job title (See Instructions	s) I	Employer (See Instructions	 ;)		
	· 		,				
	Date 09/22/2024	Full name of contributor BASCON Jr., FABIUS Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	NEW BRAUNFELS, TX 7 pation / Job title (See Instructions		Employer (See Instructions	;) 		
	RETIRED	pation / oob title (See Instructions	,	RETIRED	')		
	Date 07/12/2024	Full name of contributor BIRD, BRANDI Contributor address; City; S LANTANA, TX 76226				Amount of Contribution (\$)	\$2,000.00
	'	pation / Job title (See Instructions TATION CONSULTANT	5)	Employer (See Instructions BIRD ADVOCACY	5)		
	Date 09/17/2024	Full name of contributor BIRKENSTOCK, VERON Contributor address; City; S HILTON HEAD ISLAND,	tate; Zip Code)		Amount of Contribution (\$)	\$3,000.00
	Principal occu LABOR	pation / Job title (See Instructions	s)	Employer (See Instructions SELF EMPLOYED	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/34	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	Filers)
4	Date 07/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: BUSKE, LAURA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu RETIRED	NEW BRAUNFELS, TX 78132 pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_BYRNES, COLLIN Contributor address; City; State; Zip Code CARROLLTON, TX 75010			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions COLLIN COLLEGE)		
	Date 08/19/2024	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 RETIRED)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_ CORDRE, SUSAN Contributor address; City; State; Zip Code CARROLLTON, TX 75010			Amount of Contribution (\$)	\$300.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/34
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission Filers) 00088078
4	Date 08/29/2024	 5 Full name of contributor out-of-state PAC (ID#:_ CREUTZMANN, FREDERICK 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$200.00
8	Principal occu	CARROLLTON, TX 75007 pation / Job title (See Instructions)	9 Employer (See Instructions)	
	RETIRED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RETIRED		
	Date 08/29/2024	Full name of contributor			Amount of Contribution (\$) \$500.00
	<u> </u>	MANSFIELD, TX 76063	T = 1 (0 1		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_FW FIREFIGHTERS COMMITTEE FOR RESPONDED CONTRIBUTOR address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00
	Deinainal again	FORT WORTH, TX 76107	Franksian (Coo Instructions		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_GARY GATES FOR TEXAS Contributor address; City; State; Zip Code ROSENBERG, TX 77471			Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#:_GILBERT, SUZANNE Contributor address; City; State; Zip Code LANTANA, TX 76226			Amount of Contribution (\$) \$500.00
		pation / Job title (See Instructions)	Employer (See Instructions)	
	RETIRED		RETIRED		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/34	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 07/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
0	Dringing Loggy	DALLAS, TX 75201	lo.	Employer (See Instructions	,, 		
•	DOCTOR	pation / Job title (See Instructions)	9	Employer (See Instructions SELF EMPLOYED	•)		
	Date 08/19/2024	Full name of contributor out-of-state PAC (HAMMOND, PAMELA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	GRAFORD, TX 76449 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> s)		
	RETIRED			RETIRED	,		
	Date 07/17/2024	Full name of contributor out-of-state PAC (HILLCO PAC Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$5,000.00
		AUSTIN, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (JONES, NEAL Contributor address; City; State; Zip Code AUSTIN, TX 78735)		Amount of Contribution (\$)	\$5,000.00
	Principal occu HILLCO PAF	pation / Job title (See Instructions)		Employer (See Instructions SENIOR PARTNER & C		FOUNDER	
	Date 09/24/2024	Full name of contributor out-of-state PAC (JRL Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	(ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/34	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission F 00088078	Filers)
4	Date 08/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
	Dringing Lagge	LANTANA, TX 76226	0. Employer (Con Instructions	<u></u>		
8	ATTORNEY	pation / Job title (See Instructions)	9 Employer (See Instructions SELF EMPLOYED	·)		
	Date 08/27/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
	Dringing! goog	LEWISVILLE, TX 75056	Employer (See Instructions	·/		
	FLIGHT ATT	pation / Job title (See Instructions) FENDANT	Employer (See Instructions SOUTHWEST AIRLINE			
	Date 07/24/2024	Full name of contributor			Amount of Contribution (\$) \$1	.,000.00
	Principal occu	AUSTIN, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	LAW	pation 7 sob tale (See instructions)	LOEWY LAW FIRM	•)		
	Date 08/25/2024	Full name of contributor out-of-state PAC (ID# LUNSFORD, JULIE Contributor address; City; State; Zip Code CARROLLTON, TX 75010			Amount of Contribution (\$)	\$250.00
	Principal occu BUSINESS (pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED	<u>(</u>		
	Date 08/25/2024	Full name of contributor out-of-state PAC (ID# MARTIN, RAYMONF Contributor address; City; State; Zip Code THE COLONY, TX 75056	:)		Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	;)		
			,			

	MONET	ARY POLITICAL CONTRIBUTION	ONS			SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	form.		1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/34	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 07/14/2024	 Full name of contributor	:		7	Amount of Contribution (\$)	\$1,000.00
_	Dringing	AUSTIN, TX 78701	O Employer	/Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer	(See Instructions	5)		
	Date 09/08/2024	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer	(See Instructions	<u> </u>		
	REAL ESTATE KNIGHTVEST						
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID# OSTRANDER, PEGGY Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$250.00
	Principal occu	PLANO, TX 75093 pation / Job title (See Instructions)	Employer	(See Instructions	<u> </u>		
	FAMILY NU	RSE PRACTITIONER	INSTITU	TE OF HEALTH	1 F	ROMOTION	
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID# RICE, WILLIAM Contributor address; City; State; Zip Code CARROLLTON, TX 75007				Amount of Contribution (\$)	\$50.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer RETIRED	(See Instructions	()		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID# ROBERTSONWALKER, JAMIE Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		(See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/34	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	n Filers)
4	Date 09/19/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	PLANO, TX 75093 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
_	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ ROSE, SHEREE Contributor address; City; State; Zip Code PLANO, TX 75093)		Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	()		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ ROSE, SHEREE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	PLANO, TX 75093 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ ROSE, SHEREE Contributor address; City; State; Zip Code PLANO, TX 75093			Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_SCHATZLINE, PATRICK Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022			Amount of Contribution (\$)	\$100.00
	Principal occu OWNER	pation / Job title (See Instructions)	Employer (See Instructions TWO CRAZY DREAME		, LLC	

	MONET	ARY POLITICAL CONTRIBUTIO	NS			SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.		1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/34
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission Filers) 00088078
4	Date 08/21/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$1,000.00
_	Daine in all a con-	THE COLONY, TX 75056	• FI	(One brokenskiere	<u></u>	
8	FINANCE	pation / Job title (See Instructions)		oyer (See Instructions OR CORP	5)	
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#: TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$15,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Emplo	oyer (See Instructions	<u> </u> ;)	
	Date 08/30/2024	Full name of contributor	_)		Amount of Contribution (\$) \$1,000.00
	Principal occu	VICTORIA, TX 77901 pation / Job title (See Instructions)	Emplo	oyer (See Instructions	<u> </u> 5)	
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Emplo	oyer (See Instructions	<u> </u> 5)	
	Date 07/14/2024	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)	Emplo	oyer (See Instructions	5)	
		1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/34	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 08/27/2024	5 Full name of contributor out-of-state PAC (ID#:_VESTERMAN, WILLIAM J 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	LANTANA, TX 76226 upation / Job title (See Instructions)	9 Employer (See Instructions SELF EMPLOYED	S)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ WAYE, DAWN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	AUBREY, TX 76227 upation / Job title (See Instructions) TE	Employer (See Instructions	<u> </u> s)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: YANNUZZI, JOYCE Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132			Amount of Contribution (\$)	\$100.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions SENATOR DONNA CA		PBELL	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/34 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Little, Jason Mitchell (Mr.) 00088078 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 8 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/28/2024 ADAMS, CAROL \$10,825.00 | FOOD / BEVERAGE 7 Contributor address; City; State; Zip Code DALLAS, TX 75225 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) OIL AND GAS SELF EMPLOYED 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)

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/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel Out of D OTHER (enter a	a category not listed above)		
1	Total pages Cabadula F4:	1	EILED MANAS						٦.	Filor ID	(Ethics Commission Filers)	
	Total pages Schedule F1:	 							3		(Ethics Commission Filers)	
	Sch: 1/21 Rpt: 14/34		Lille, Jasor	Mitchell (Mr.)						00088078		
4	Date	5	Payee name									
	08/28/2024		ADAMS, CA	AROL								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$10,825.00		6125 LUTH	ER LN								
			STE 245									
			DALLAS, T	X 75225								
8	PURPOSE	(2)					(h)	Description				
0	OF	(a)		ee Categories listed at th	ne top of this sch	nedule)	(D)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		-oou/bever	age Expense				=		officeholder livin		
		IN KIND OFFSET: FOOD / BEVERAGE										
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/01/2024		CROSBY C	TTENHOFF GR	OUP							
	Amount (\$)	Г	Payee addre	ss; City;	State	; Zip Co	de					
	\$1,175.00		611 PENNS	SYLVANIA AVE	SE #267							
	,											
				ON, DC 20003								
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Accounting	Accounting/Banking					outside of Texas. Complete Schedule T. , TX, officeholder living expense			
								COMPLIANC				
								CONT. LITTING	_ `	00.4002111		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(Office sou	aht			Office h	neld	
	expenditure to benefit C/OI				`	50 504	٠.٠٠			200 11		
H	Date		Payee name									
	07/17/2024		,	TTENHOFF GR	OUP							
_		\vdash				. 7in 0-	do					
	Amount (\$)		Payee addre	•		; Zip Co	ue					
	\$1,000.00		DIT PENNS	SYLVANIA AVE	S⊏ #267							
				-011 B.G								
			WASHING	ON, DC 20003								
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Accounting	Banking (브			mplete Schedule T.	
								COMPLIANC		officeholder livin		
								COMI LIANC	·_ (JONSOLIII		
	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/OI		Janunatt/Ulli	conduct ridille	(Since Soul	yııl			Onice II	iciu	
		_										

SCHEDULE F1

Advertising Expense Event Exp
Accounting/Banking Fees
Consulting Expense Food/Bev
Contributions/ Donations Made By - Gitt/Award

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/21 Rpt: 15/34	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	08/26/2024	CROSBY OTTENHOFF GROUP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,291.25	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
		COMILETANCE CONSOCIANO
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
	Date	Payee name
	09/11/2024	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,057.50	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	D-4-	
	Date	I Davida nama
	07/15/2024	Payee name
	07/15/2024	DENTON COUNTY CONSERVATIVE COALITION
	Amount (\$)	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code
		DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD
	Amount (\$)	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code
	Amount (\$)	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD
	Amount (\$) \$250.00	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077 (a) Category (See Categories listed at the top of this schedule) (b) Description
	Amount (\$) \$250.00	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	Amount (\$) \$250.00 PURPOSE OF	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Amount (\$) \$250.00 PURPOSE OF	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	Amount (\$) \$250.00 PURPOSE OF EXPENDITURE	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SPONSORSHIPS
	Amount (\$) \$250.00 PURPOSE OF	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held
	Amount (\$) \$250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held
	Amount (\$) \$250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	DENTON COUNTY CONSERVATIVE COALITION Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officebolder/De 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/Political Committee Credit Card Payment			mmittee	right and the contract Labor of the Instruction Guide explains how to complete this form.						strict category not listed above)	
					ide explains how t	o com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/21 Rpt: 16/34		Little, Jason	Mitchell (Mr.)						00088078		
4	Date	5	Payee name									
	08/16/2024		GIDEONS 3	800 BAMN								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	e					
	\$47.46		6101 LONG	PRAIRIE RD								
			744-244									
				OUND, TX 7502	00							
Ļ		_				1						
8	PURPOSE OF	(a)		e Categories listed at the		(1	b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Exp	ense			=		officeholder living	plete Schedule T.	
								DATA SUBS				
								2,	.		***************************************	
9	Complete ONLY if direct	<u> </u>	Candidata/Offi	achalder nome	Office	- Course	ht			Office by	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Onic	ceholder name	Office	Sougi	IL			Office h	eiu	
_		_										
	Date		Payee name									
	07/23/2024		GIDEONS 3	800 BAMN								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е					
	\$100.00		6101 LONG	PRAIRIE RD								
			744-244									
			FLOWER M	OUND, TX 7502	28							
	PURPOSE	(a)				10	h)	Description				
	OF	(۳)		e Categories listed at the	e top of this schedule)	١,	۷,	_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Advertising Expense					Check if Austin, TX, officeholder living expense				
								MARKETING	j			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	ht			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/23/2024		GIDEONS 3	800 BAMN								
	Amount (\$)		Payee addres		State; Zip	Code						
	\$125.00		•	PRAIRIE RD	Otato, Zip	Cour						
	Ψ123.00			TTO WILL TO								
			744-244									
			FLOWER M	OUND, TX 7502	28							
	PURPOSE OF	(a)		e Categories listed at the		(I	b)	Description				
	EXPENDITURE			s/Donations Ma							plete Schedule T.	
			Candidate/C	Officeholder/Polit	icai Committee	1		SPONSORSI		officeholder living	j expense	
								oi Oivooroi	1111	J		
_	Complete ONLY if direct	Ц,	Candidata/Offi	coholdor nama	Office	COLICE	ht			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/OI		ai iuiuale/UIII(ceholder name	Office	sougi	IL			Office fi	ziu -	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis OTHER (enter a	strict 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: 4/21 Rpt: 17/34	Little, Jason Mitchell (Mr.)		00088078	
4	Date	5 Payee name			
	08/16/2024	GIDEONS 300 BAMN			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$790.00	6101 LONG PRAIRIE RD			
		744-244			
		FLOWER MOUND, TX 75028			
_	DUDDOCE				
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Contributions (Ponctions Mode Pu	nutsi	ide of Texas. Com	nlete Schedule T
	EXPENDITURE	Contribution of Bondtions Wade By		, officeholder living	
		SPONSORS	HIF	PS	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	07/23/2024	GIDEONS 300 BAMN			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	6101 LONG PRAIRIE RD			
	·	744-244			
		FLOWER MOUND, TX 75028			
	DUDDOCE	·			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions (Ponctions Mode Py	outsi	ide of Texas. Com	nlete Schedule T
	EXPENDITURE	Continuations Made By		, officeholder living	
		DONATIONS	;		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	08/23/2024	GIDEONS 300 BAMN			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$205.17	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		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		, TX	, officeholder living	g expense
		FOOD / BEV	ER	AGE	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experiulture to beliefft C/OI	1			
			_		

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/21 Rpt: 18/34	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	09/24/2024	GIDEONS 300 BAMN
6	Amount (\$)	7 Payee address; City; State; Zip Code
·	\$11.37	6101 LONG PRAIRIE RD
	Ψ11.01	744-244
		FLOWER MOUND, TX 75028
_		· · · · · · · · · · · · · · · · · · ·
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FOOD / BEVERAGE
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2024	GIDEONS 300 BAMN
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.82	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
		10057524210102
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	GIDEONS 300 BAMN
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,500.00	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	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MANAGEMENT CONSULTING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
		
		1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	Great Cara r ayment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 19/34	Little, Jason Mitchell (Mr.)	00088078
4	Date	5 Payee name	
	07/10/2024	GIDEONS 300 BAMN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,500.00	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	Consulting Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense NT CONSULTING
		III II VIOLINE.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/01/2024	GIDEONS 300 BAMN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,500.00	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 EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		TX, officeholder living expense
		MANAGEWEI	NT CONSULTING
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Since held
	Date	Payee name	
	09/03/2024	GIDEONS 300 BAMN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.82	6101 LONG PRAIRIE RD	
	¥2.02	744-244	
		FLOWER MOUND, TX 75028	
	PURPOSE		
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		MANAGEMEN	NT CONSULTING
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/OI		

SCHEDULE F1

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

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		Legal Services The Instruction Guide ex	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	Π
	Sch: 7/21 Rpt: 20/34	Little, Jaso	n Mitchell (Mr.)					00088078		
4	Date	5 Payee name)							
	09/03/2024	GIDEONS	300 BAMN							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$5,498.18	6101 LONG	G PRAIRIE RD							
		744-244								
		FLOWER N	MOUND, TX 75028							
8	PURPOSE	(a) Category (S	See Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting	Expense					de of Texas. Com		
						—		officeholder living		
						MANAGEME	IVI.	CONSULTI	NG	
L					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Oh		ïceholder name	Office sou	ught			Office he	eld	
	Date	Payee name	!							
	07/23/2024	GIDEONS	300 BAMN							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$111.65	6101 LONG	G PRAIRIE RD							
		744-244								
		FLOWER N	MOUND, TX 75028							
	PURPOSE OF	(a) Category (S	See Categories listed at the top of	of this schedule)	(b)	Description				
	EXPENDITURE	onice overnead/Nental Expense						de of Texas. Com		
						POSTAGE	, IX,	officeholder living	expense	
						TOSTAGE				
_	Complete ONLY if direct		iceholder name	Office sou	l ught			Office he	eld	_
	expenditure to benefit C/O									
	Date	Payee name								
	08/23/2024	GIDEONS	300 BAMN							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$116.25	6101 LONG	G PRAIRIE RD							
		744-244								
		FLOWER N	MOUND, TX 75028							
	PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b)	Description				_
	OF EXPENDITURE		rhead/Rental Expens				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					_	, TX	officeholder living	expense	
						POSTAGE				
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office he	eld	
L	Experiorare to benefit C/OF	1								

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		ory not listed above)
1	Total pages Schedule F1:		hics Commission Filers)
_	Sch: 8/21 Rpt: 21/34	Little, Jason Mitchell (Mr.) 00088078	
4	Date 08/29/2024	5 Payee name GIDEONS 300 BAMN	
6	Amount (\$) \$3,000.00	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) Advertising Expense (b) Description Check if travel outside of Texas. Complete Signs Check if Austin, TX, officeholder living expe	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date 07/01/2024	Payee name GIDEONS 300 BAMN	
	Amount (\$) \$178.00	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) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Significant Check if Austin, TX, officeholder living expe	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date 07/23/2024	Payee name GIDEONS 300 BAMN	
	Amount (\$) \$178.00	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) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Significant Check if Austin, TX, officeholder living expe	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/21 Rpt: 22/34	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	08/16/2024	GIDEONS 300 BAMN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$178.00	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	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		STORAGE FACILITY
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2024	GIDEONS 300 BAMN
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.00	6101 LONG PRAIRIE RD
		744-244
		FLOWER MOUND, TX 75028
	D. 100.00	1
	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STORAGE FACILITY
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/24/2024	GIDEONS 300 BAMN
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.00	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	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		STORAGE FACILITY
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	S. portantare to beliefit 6/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 10/21 Rpt: 23/34	Little, Jason Mitchell (Mr.)
4 Date 09/24/2024	5 Payee name GIDEONS 300 BAMN
6 Amount (\$) \$45.19	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 SUPPLIES
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 07/10/2024	Payee name GIDEONS 300 BAMN
Amount (\$) \$551.20	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 Check if travel outside of Texas. Complete Schedule T. 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 08/01/2024	Payee name GIDEONS 300 BAMN
Amount (\$) \$1,987.98	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TRAVEL
Complete ONLY if direct expenditure to benefit C/OF	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	I Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense F		pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission Filers)
L	Sch: 11/21 Rpt: 24/34	Little, Jaso	n Mitchell (Mr.)						00088078	
4	Date	5 Payee name								
L	08/23/2024	GIDEONS	300 BAMN							
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	de				
	\$22.50	6101 LON	G PRAIRIE RD							
		744-244								
		FLOWER	MOUND, TX 75028	3						
8	PURPOSE	(a) Category (S	See Categories listed at the t	top of this schedu	ule)	(b)	Description			
	OF EXPENDITURE	Travel In D	District			ļ	=		de of Texas. Com	
						ļ	TRAVEL	, IX,	officeholder living	expense
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Off	ice soug	ght			Office he	eld
	expenditure to benefit C/O					···•				
	Date	Payee name								
	09/03/2024	GIDEONS	300 BAMN							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Coo	de				
	\$528.04	6101 LON	G PRAIRIE RD							
		744-244								
		FLOWER	MOUND, TX 75028	3						
	PURPOSE OF	(a) Category (See Categories listed at the t	op of this sched	ule)	(b)	Description			
	EXPENDITURE	Travel In D	District			ļ	=		de of Texas. Com officeholder living	
						ļ	TRAVEL	, 170,	omeenoider iiviing	САРСПОС
	Complete ONLY if direct		ficeholder name	Off	ice souç	ght			Office he	eld
	expenditure to benefit C/OI	1 								
	Date	Payee name	e							
L	09/24/2024	GIDEONS	300 BAMN							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de				
	\$459.07		G PRAIRIE RD							
		744-244								
		FLOWER	MOUND, TX 75028	3						
	PURPOSE	(a) Category (See Categories listed at the t	top of this schedu	ule)	(b)	Description			
	OF EXPENDITURE	Travel In D	istrict			ļ			de of Texas. Com	
	-					ļ	Check if Austin, TRAVEL	, 1X,	officeholder living	expense
	Complete ONLY if direct	Candidate/Of	ficeholder name	Off	ice soug	ght			Office he	eld
	expenditure to benefit C/OI			5						

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	d Comi	mittee	Food/Beverage Expen: Gift/Awards/Memorials Legal Services The Instruction Gi	Expense		xpens /ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission Filers)
L	Sch: 12/21 Rpt: 25/34	L	_ittle, Jason	Mitchell (Mr.)						00088078	
4	Date		Payee name								
L	07/01/2024		GIDEONS 3	00 BAMN							
6	Amount (\$)	7 F	Payee addres	ss; City;	State;	Zip Co	de				
	\$242.42	6	101 LONG	PRAIRIE RD							
		7	744-244								
		F	LOWER M	OUND, TX 750	28						
8	PURPOSE	(a) (Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	(Office Overl	nead/Rental Exp	pense			=		de of Texas. Com	
								WEB SERVIC		officeholder living	expense
								WEB CERTIC	_		
9	Complete ONLY if direct	L C	andidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/O						J				
	Date	l	Payee name								
	08/01/2024	<u> </u>	GIDEONS 3	00 BAMN							
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	de				
	\$242.42	6	6101 LONG	PRAIRIE RD							
		7	744-244								
		F	LOWER M	OUND, TX 750	28						
	PURPOSE OF	(a) (Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description			
	EXPENDITURE	(Office Overl	nead/Rental Exp	pense			-		de of Texas. Com officeholder living	
								WEB SERVICE		omeenoider iiviiig	САРСИЗС
	Complete ONLY if direct		andidate/Offic	ceholder name	C	office sou	ght			Office he	eld
	expenditure to benefit C/O	H									
	Date	F	Payee name	· · · · · · · · · · · · · · · · · · ·							
L	08/16/2024		GIDEONS 3	00 BAMN					_		
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	de				
	\$272.41	6	6101 LONG	PRAIRIE RD							
		7	744-244								
		F	FLOWER M	OUND, TX 750	28						
	PURPOSE	(a) (Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	(Office Overl	nead/Rental Exp	pense			ш		de of Texas. Com	
	-							WEB SERVIC		officeholder living	expense
								JLIVIO			
	Complete ONLY if direct	LC	andidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/O						J .•			200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:		3 Filer ID (Ethics Commission Filers)				
	Sch: 13/21 Rpt: 26/34	Little, Jason Mitchell (Mr.)	00088078				
4	Date	5 Payee name					
	08/29/2024	GIDEONS 300 BAMN					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$242.42	6101 LONG PRAIRIE RD					
		744-244					
		FLOWER MOUND, TX 75028					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	emec everneda// tentar Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense				
		WEB SERVIC					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	1					
	Date	Payee name					
	09/24/2024	GIDEONS 300 BAMN					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$242.42	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	Onice Overnedd/Nerital Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense				
		WEB SERVIC					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	1					
	Date	Payee name					
	07/23/2024	GIDEONS 300 BAMN					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$395.00	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	Continuations wade by	utside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee Check if Austin, SPONSORSH	TX, officeholder living expense				
		3. 3.133(13)	··· -				
	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

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		<u> </u>	4
1	Total pages Schedule F1:		
	Sch: 14/21 Rpt: 27/34	Little, Jason Mitchell (Mr.) 00088078	
4	Date	5 Payee name	
	09/18/2024	PIXEL PRO L.L.C.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$857.97	5200 WINDHAVEN PKWY	
		LEWISVILLE, TX 75056	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		AUDIO / VISUAL SERVICES	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	08/30/2024	RANCH HANDS RESCUE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,750.00	PO BOX 1047	
		ARGYLE, TX 76226	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		DONATIONS	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	07/29/2024	REPUBLICAN PARTY OF TEXAS CANDIDATE RESOURCE COMMITTEE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	PO BOX 2206	
		AUSTIN, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	7
	OF	Contributions/Donations Made By	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		DONATIONS	ĺ
			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to belieff 6/01		

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	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: 15/21 Rpt: 28/34	Little, Jason Mitchell (Mr.) 00088078								
4	Date	5 Payee name								
	08/02/2024	REPUBLICAN PARTY OF TEXAS CANDIDATE RESOURCE COMMITTEE								
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO BOX 2206 AUSTIN, TX 78768								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made By								
	EXPENDITURE	Candidate/Officeholder/Political Committee								
		SPONSORSHIPS								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	09/03/2024	SCHOBER ENTERPRISES, LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$7,036.25	304 RED TAILED HAWK DR								
	,									
		PFLUGERVILLE, TX 78660								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense								
		NEWSPAPER PRINT								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	07/01/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$77.33	4238 LOMO ALTO CT								
		DALLAS, TX 75219								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense								
		DELIVERY SERVICE								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 16/21 Rpt: 29/34	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	08/01/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.75	4238 LOMO ALTO CT
		DALLAS, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense DELIVERY SERVICE
		DELIVERT SERVICE
_	Complete ONLY if direct	Condidate/Officeholder name Office equality Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	07/01/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	4238 LOMO ALTO CT
		DALLAS, TX 75219
	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 FUNDRAISING CONSULTING
		FONDRAISING CONSOLTING
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	07/15/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,070.00	4238 LOMO ALTO CT
		DALLAS, TX 75219
	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
		FUNDRAISING CONSULTING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

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	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: 17/21 Rpt: 30/34	2 FILER NAME Little, Jason Mitchell (Mr.) 3 Filer ID (Ethics Commission Filers) 00088078
4	Date	5 Payee name
•	08/01/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,400.00	4238 LOMO ALTO CT
		DALLAS, TX 75219
8	DUDDOCE	
O	PURPOSE OF	(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.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FUNDRAISING CONSULTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	09/04/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	4238 LOMO ALTO CT
		DALLAS, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		FUNDRAISING CONSULTING
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/OI	
	Date	Payee name
	09/04/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.85	4238 LOMO ALTO CT
		DALLAS, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		SUPPLIES
	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 (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/Political Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 18/21 Rpt: 31/34	Little, Jason Mitchell (Mr.) O0088078
4 Date 07/01/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
6 Amount (\$) \$31.51	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219
8 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
Amount (\$) \$63.32	Payee address; City; State; Zip Code 4238 LOMO ALTO CT
2,122,007	DALLAS, TX 75219
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
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 07/08/2024	Payee name WINRED
Amount (\$) \$13.33	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 Check if travel outside of Texas. Complete Schedule T. 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials ∣ Legal Services The Instruction Gu			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not liste	ed above)
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 19/21 Rpt: 32/34	ı		Mitchell (Mr.)					_	00088078	(20100 00111	
4	Date	5	Payee name									
	07/22/2024		WINRED									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$3.94		1776 WILSO	N BLVD								
			STE 530									
			ARLINGTON	N, VA 22219								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees	J	·	<i>'</i>		Check if travel	outsi	de of Texas. Con	nplete Schedule T	
	EXPENDITORE							_		officeholder livin		
								CREDIT CAF	RD	PROCESSI	NG FEES	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Ot	ffice souç	ght			Office h	eld	
	experientare to benefit of or											
	Date		Payee name									
	07/29/2024		WINRED									
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de					
	\$39.40		1776 WILSO	N BLVD								
			STE 530									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					-			nplete Schedule T	
	EXI ENDITORE							—		officeholder living		
								CREDIT CAF	ΚD	PROCESSI	NG FEES	
	Operation ONLY if allowed	<u> </u>	2	-11-1		···				O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	enolder name	UI	ffice souç	gnı			Office h	eid	
	Date		Payee name									
	08/19/2024		WINRED									
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de					
	\$1.97		1776 WILSO	N BLVD								
			STE 530									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					Check if travel			nplete Schedule T	
	EXI ENDITORE							ш		officeholder livin	- '	
								CREDIT CAF	אט	PROCESSI	NG FEES	
	Complete ONLY if direct	Ļ	Condidate (Offi	oholder neme		ffice same	nh+			Office !-	old	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	enoluer flame	Oi	ffice soug	JIIL			Office h	eiu	

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 E Candidate/Officeholder/Politic Credit Card Payment			mmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		ages.	/Contract Labor		Travel Out of OTHER (enter	District er a category not liste	ed above)
1	Total pages Schodule F1:	٦	EILED NIANAS		p.wo		-,0		9	Eilor ID	(Ethics Com-	nission Filers)
	Total pages Schedule F1:									Filer ID	•	moonur Fileloj
	Sch: 20/21 Rpt: 33/34	$ldsymbol{ld}}}}}}$	Little, Jasor	n Mitchell (Mr.)						0008807	0	
4	Date	5	Payee name									
	08/26/2024		WINRED									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$51.22		1776 WILS	ON BLVD								
			STE 530									
			ARI INGTO	N, VA 22219								
8	DUDDOCE	(2)	<u> </u>			Т	(h)	Descripti				
ð	PURPOSE OF	(a) 	,	ee Categories listed at	the top of this sch	nedule)	(a)	Description Check if travel	outci	do of Toyas C	omplete Schedule T	
	EXPENDITURE		Fees					Check if Austin				•
								CREDIT CAF				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(aht			Office	held	
	expenditure to benefit C/O					5 5 5 6 6	J •			230	*· *	
⊨	Data	Г	Davis - ::									
	Date		Payee name									
	09/03/2024	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	WINRED									
	Amount (\$)		Payee addre		State;	; Zip Co	de					
	\$88.65		1776 WILS	ON BLVD								
			STE 530									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees	<u>-</u>		·		Check if travel			omplete Schedule T	
	LAFLINDITORE							Check if Austin				
								CREDIT CAF	КD	PROCES	SING FEES	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
H	Date		Payee name									
	09/16/2024		WINRED									
<u> </u>		\vdash	Payee addre	City.	Ctoto	· Zin Ca	de					
	Amount (\$)		,		State	; Zip Co	ue					
	\$59.10		1776 WILS	ON READ								
			STE 530									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					=			omplete Schedule T	
								CDEDIT CAE				
								CREDIT CAF	Kυ	PROCES	SING FEES	
	0 1. 5		- p. r	1.17		200						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	C	Office sou	ght			Office	neld	
	Orialiano to bollont o/Oi	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Gif	es od/Beverage Expense ft/Awards/Memorials Expense gal Services	Polling Exp Printing Ex	head/Rental Expense ense pense ages/Contract Labor		Travel in Distric Travel Out of D		e
	Credit Card Payment		TI	ne Instruction Guide exp	lains how to con	nplete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 21/21 Rpt: 34/34	1	Little, Jason M	litchell (Mr.)				00088078		
4	Date	5 F	Payee name							
	09/23/2024		WINRED							
6	Amount (\$)	7 [Payee address;	City;	State; Zip Cod	de				
ľ	\$230.49	I	1776 WILSON	-	- III - II					
	,	l	STE 530							
		l	ARLINGTON,	V/A 22210						
Ļ	DUDDO05	⊢				4.				
8	PURPOSE OF			Categories listed at the top of t	his schedule)	(b) Description	ol oute	side of Toyas Cor	nplete Schedule T.	
	EXPENDITURE	'	Fees			<u> </u>		K, officeholder livin		
								PROCESS		
9	Complete ONLY if direct	C	andidate/Office	holder name	Office souç	ght		Office h	eld	
	expenditure to benefit C/OI	Н								