

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088078	2 Total pages filed: 21				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jason Mitchell	MI	OFFICE USE ONLY			
	NICKNAME	LAST Little	SUFFIX		Date Received ELECTRONICALLY FILED 10/28/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2841 Seven Shields Lane Lewisville, TX 75056			Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Caitlyn B.	MI				
	NICKNAME	LAST Tortorici	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 421 Office Park Drive Mountain Brook, AL 35223						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(205)	440-2873					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		09/27/2024				10/26/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 65			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 21

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

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 59,175.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,703.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 67,154.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 125,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Mr. Jason Mitchell Little
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

3 of 21

18 FILER NAME Little, Jason Mitchell (Mr.)		19 Filer ID 00088078	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	52,675.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	6,500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	24,703.84
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMERITEX PIPE & PRODUCT LLC <hr/> 6 Contributor address; City; State; Zip Code SEGUIN, TX 78156	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASSOCIATED BUILDINGS & CONTRACTORS OF TX PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78767	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, MICHAEL <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75034	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) BARNES CAPITAL MANAGMENT, LLC
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEER ALLIANCE OF TEXAS PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETT, MONTGOMERY <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75254	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CHIEF EXECUTIVE OFFICER		Employer (See Instructions) ASHFORD INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACKRIDGE	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C90021361</u>) CHARTER SCHOOLS NOW PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENTON REPUBLICAN WOMENS CLUB	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code DENTON, TX 76202		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAGAN, MARK	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code WACO, TX 76708		
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) GREAT RIVER ENERGY
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRAYMAN, OLEG	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code LEWISVILLE, TX 75056		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) ABC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ PUBLIC AFFAIRS & CONSULTING <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENSTONE, SIMON <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75202	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) ACCOUNTING		Employer (See Instructions) SIMON GREENSTONE PANATIER
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANCE, KENT <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79409	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HANCE SCARBOROUGH LLC
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARTMAN, DON <hr/> Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) ASPIRE SYSTEMS
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HMWK LLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 7/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLAND AND KNIGHT TEXAS PAC <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75201	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPRO OPERATING LLC <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75006	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) TODD HUNTER LAW
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGE, H PEYTON <hr/> Contributor address; City; State; Zip Code ARGYLE, TX 76226	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERESTINE, JULIA <hr/> Contributor address; City; State; Zip Code LANTANA, TX 76226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOCKE LORD LLP <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75201	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCARTY, JULIE <hr/> Contributor address; City; State; Zip Code GRAPEVINE, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEASE, NELSON <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) NELSON H. NEASE, P.C.
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUCOR CORPORATION POLITICAL ACTION COMMITTEE OF TEXAS <hr/> Contributor address; City; State; Zip Code JEWETT, TX 75846	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIPE FITTERS LOCAL UNION 211 <hr/> Contributor address; City; State; Zip Code DEER PARK, TX 77536	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/15/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00736132) PLUMBERS LOCAL UNION NO 68 FEDERAL POLITICAL ACTION <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77249	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSTIN, WRIGHT <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75035	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) MINEARC SYSTEMS
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRLEY, PAUL <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75011	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STONE HILTON PLLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78748	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TABER, STEVE <hr/> Contributor address; City; State; Zip Code BARTONVILLE, TX 76226	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SOUTHWEST WHOLESALE NURSERY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR LAWSUIT REFORM PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS APARTMENT ASSOCIATION <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LAND TITLE ASSOCIATION PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS OPTOMETRIC PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS REALTORS PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78768	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/14/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00542365) TOYOTA MOTOR NORTH AMERICA, INC PAC 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20004	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00064766) UNITED PARCEL SERVICE, INC. PAC Contributor address; City; State; Zip Code WASHINGTON, DC 20003	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERO ENERGY CORPORATION PAC Contributor address; City; State; Zip Code SAN ANTONIO, TX 78269	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARNELL, JEFFREY Contributor address; City; State; Zip Code COPPELL, TX 75019	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) BROKER		Employer (See Instructions) COPPELL REALTY
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEEKLEY, RICHARD Contributor address; City; State; Zip Code HOUSTON, TX 77027	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) REAL ESTATE DEVELOPER		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/21
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITEHEAD, PATRICIA <hr/> 6 Contributor address; City; State; Zip Code DARIEN, CT 06820	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) MEDIA PUBLISHING		9 Employer (See Instructions) SELF EMPLOYED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 13/21	
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/05/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY	8 Amount of contribution (\$) \$6,500.00	9 In-kind contribution description POLLING
	7 Contributor address; City; State; Zip Code VICTORIA, TX 77901	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 14/21	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/14/2024	5 Payee name BRAUN, BRAYDEN	
6 Amount (\$) \$80.00	7 Payee address; City; State; Zip Code 300 HIGHLAND COURT DOUBLE OAK, TX 75077	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name CROSBY OTTENHOFF GROUP	
Amount (\$) \$1,233.75	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name DENTON COUNTY CONSERVATIVE COALITION	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 PMB 1223 LEWISVILLE, TX 75077	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIPS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 15/21	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/21/2024	5 Payee name GIDEONS 300 BAMN	
6 Amount (\$) \$125.00	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) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$2,421.73	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONOR GIFTS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name GIDEONS 300 BAMN	
Amount (\$) \$242.42	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 16/21	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
--	---	--

4 Date 10/12/2024	5 Payee name GIDEONS 300 BAMN
-----------------------------	---

6 Amount (\$) \$264.00	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) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
---------------------------------	--	---

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

Date 10/21/2024	Payee name GIDEONS 300 BAMN
--------------------	--------------------------------

Amount (\$) \$1,082.50	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
-------------------------------	--	---

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

Date 10/01/2024	Payee name GIDEONS 300 BAMN
--------------------	--------------------------------

Amount (\$) \$5,500.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
---------------------------	---

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

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

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 17/21	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
--	---	--

4 Date 10/01/2024	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) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STORAGE FACILITY
---------------------------------	---	--

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

Date 10/07/2024	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STORAGE FACILITY
------------------------	--	---

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

Date 10/07/2024	Payee name GIDEONS 300 BAMN
--------------------	--------------------------------

Amount (\$) \$877.90	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
-------------------------	---

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

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

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 18/21	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 09/30/2024	5 Payee name HENDRICKSON, JOSHUA	
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 9031 CEDAR RIDGE LANTANA, TX 76226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name HENDRICKSON, JOSHUA	
Amount (\$) \$480.60	Payee address; City; State; Zip Code 9031 CEDAR RIDGE LANTANA, TX 76226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name HENDRICKSON, JOSHUA	
Amount (\$) \$709.20	Payee address; City; State; Zip Code 9031 CEDAR RIDGE LANTANA, TX 76226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 19/21	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/08/2024	5 Payee name LOOK AT THIS	
6 Amount (\$) \$1,383.89	7 Payee address; City; State; Zip Code 228 MINA ST RED OAK, TX 75154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2024	Payee name TEXANS UNITED FOR A CONSERVATIVE MAJORITY	
Amount (\$) \$6,500.00	Payee address; City; State; Zip Code 405 E CONVENT ST VICTORIA, TX 77901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: POLLING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 20/21	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
--	---	--

4 Date 09/30/2024	5 Payee name WINRED
-----------------------------	-------------------------------

6 Amount (\$) \$3.94	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
--------------------------------	---

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

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

Date 10/07/2024	Payee name WINRED
--------------------	----------------------

Amount (\$) \$4.93	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
-----------------------	--

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

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

Date 10/15/2024	Payee name WINRED
--------------------	----------------------

Amount (\$) \$112.29	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
-------------------------	--

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

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

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 21/21	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/21/2024	5 Payee name WINRED	
6 Amount (\$) \$20.69	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held