

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: 38	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jason Mitchell	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025
	NICKNAME	LAST Little	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2841 Seven Shields Lane Lewisville, TX 75056		ZIP CODE	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 (205)	PHONE NUMBER 440-2873	EXTENSION	
8 REPORT TYPE	<input checked="" 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 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 10/27/2024	THROUGH		Month Day Year 12/31/2024
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 65		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 38

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.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 114,604.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 77,505.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 106,006.09
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 38

18 FILER NAME Little, Jason Mitchell (Mr.)		19 Filer ID (Ethics Commission Filers) 00088078
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 110,585.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,019.24
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	\$ 75,752.23
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,753.59
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: 1/17 Rpt: 4/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, CAROL <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75225	7 Amount of Contribution (\$) \$7,500.00
8 Principal occupation / Job title (See Instructions) OIL AND GAS		9 Employer (See Instructions) SELF EMPLOYED
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGC OF TEXAS 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)
Date 12/06/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00490235) AMERICA'S FUTURE, TOGETHER <hr/> Contributor address; City; State; Zip Code ATHENS, GA 30605	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDRO, RICHARD <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75220	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
PRESIDENT		BRENTWOOD CONSULTING
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARNOLD, KURT <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTORNEY		ARNOLD & ITKIN LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 5/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARNOLD, KURT <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77007	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) ARNOLD & ITKIN LLP
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, MARK <hr/> Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) FRIO HOLDINGS
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONE, MATTHEW <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) FRIO HOLDINGS
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONGRESS VENTURES, LLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D, AMY <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) LEWISVILLE ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 6/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVENPORT, DEAN	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code CATARINA, TX 78836		
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF EMPLOYED
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIDSON, GREGORY	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code AUSTIN, TX 78711		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) OFFICE OF THE GOVERNOR
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEASON, DARWIN	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code DALLAS, TX 75219		
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) DEASON CAPITAL SERVICES
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEASON, DOUG	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code DALLAS, TX 75229		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) DEASON CAPITAL SERVICES
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ECKARD GLOBAL ENERGY LLC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495		
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: 4/17 Rpt: 7/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EXBY, DAN <hr/> 6 Contributor address; City; State; Zip Code ARGYLE, TX 76226	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SALES		9 Employer (See Instructions) TELIT
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EYE-PAC OF THE TEXAS OPTHAMOLOGICAL ASSOCIATION <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 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EYE-PAC OF THE TEXAS OPTHAMOLOGICAL ASSOCIATION <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 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORD, CURTIS <hr/> Contributor address; City; State; Zip Code WEST LAKE HILLS, TX 78746	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
INVESTOR		SELF EMPLOYED
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRITCHER, SAM <hr/> Contributor address; City; State; Zip Code PLANO, TX 75024	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/17 Rpt: 8/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FULLER, JERRY <hr/> 6 Contributor address; City; State; Zip Code FRISCO, TX 75036	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOV. <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76107	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ PUBLIC AFFAIRS & CONSULTING <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAY, BRADY <hr/> Contributor address; City; State; Zip Code BROCK, TX 76087	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
PRESIDENT		TEXAS FAMILY PROJECT
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFIN, MICHAEL <hr/> Contributor address; City; State; Zip Code LEWISVILLE, TX 75056	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
COMMERCIAL REAL ESTATE		TRANSWESTERN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMMOND, PAMELA <hr/> 6 Contributor address; City; State; Zip Code GRAFORD, TX 76449	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, JUSTIN <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HILL LAW FIRM
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC OF TEXAS - TEXAS ASSOCIATION OF BUILDERS <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 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON POLICE RETIRED OFFICERS ASSOCIATION PAC - FUND <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77219	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWELL, DARLENE <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75010	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) WILLIAM DAVIS REALTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 10/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFINES, S RAY <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75093	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) CAR DEALER		9 Employer (See Instructions) HUFFINES AUTO
Date 12/12/2024	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 (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ITKIN, JASON <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) ARNOLD & ITKIN LLP
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KICKAPOO TRADITIONAL TRIBE OF TEXAS <hr/> Contributor address; City; State; Zip Code EAGLE PASS, TX 78852	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KICKAPOO TRADITIONAL TRIBE OF TEXAS <hr/> Contributor address; City; State; Zip Code EAGLE PASS, TX 78852	Amount of Contribution (\$) \$7,500.00
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: 8/17 Rpt: 11/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRAEMER, DAN <hr/> 6 Contributor address; City; State; Zip Code GARLAND, TX 75044	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) BROKER		9 Employer (See Instructions) KRAEMER LLC
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LASTER, ED <hr/> Contributor address; City; State; Zip Code FLOWER MOUND, TX 75028	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, KATIA <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, KATIA <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78760	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: 9/17 Rpt: 12/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LITTELL, MERISSA <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) JOURNALIST		9 Employer (See Instructions) SELF EMPLOYED
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOEWY, ADAM <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) LAW		Employer (See Instructions) LOEWY LAW FIRM
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPEZ, KADEN <hr/> Contributor address; City; State; Zip Code WEATHERFORD, TX 76086	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) TEXAS FAMILY PROJECT
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONE, JIM <hr/> Contributor address; City; State; Zip Code LEWISVILLE, TX 75057	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) ENVIROSERVE
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATZ AND COMPANY, LLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	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: 10/17 Rpt: 13/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCOMAS JR, ANDREW <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75093	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) ACCOUNTANT		9 Employer (See Instructions) SELF EMPLOYED
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOAYEDI, MEHRDAD <hr/> Contributor address; City; State; Zip Code FARMERS BRANCH, TX 75234	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) CENTURION AMERICAN DEVELOPMENT GROUP
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOFFITT, MARCUS <hr/> Contributor address; City; State; Zip Code DENTON, TX 76210	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORTH TEXAS AUTOMOBILE DEALERS PAC <hr/> Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONCOR TEXAS STATE POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75202	Amount of Contribution (\$) \$1,500.00
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: 11/17 Rpt: 14/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSTRANDER, PEGGY <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75093	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) FAMILY NURSE PRACTITIONER		9 Employer (See Instructions) INSTITUTE OF HEALTH PROMOTION
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICK, JACKI <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RESEARCH AND EDUCATION		Employer (See Instructions) SELF EMPLOYED
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIKL, JAMES <hr/> Contributor address; City; State; Zip Code MCKINNEY, TX 75071	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) SCHEEF & STONE, LLP
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POWERS, TIM <hr/> Contributor address; City; State; Zip Code DENTON, TX 76201	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESTON, MELINDA <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75033	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR CDF		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 15/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHILD, KRISTA <hr/> 6 Contributor address; City; State; Zip Code ROYSE CITY, TX 75189	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) BOOKKEEPER		9 Employer (See Instructions) SELF EMPLOYED
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHURR, PATRICK <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SCHEEF & STONE, LLP
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELTON, SUSAN <hr/> Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SHS BUSINESS DEVELOPMENT
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTHERN GLAZER'S PAC OF TEXAS <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPARKS, JACOB <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75036	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) NELSON MULLINS RILEY & SCARBOROUGH LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 16/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPENCER, CHRIS	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code HUGHES SPRINGS, TX 75656		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) CRUMP FOODS, INC.
Date 12/06/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00589663) SYSCO CORPORATION GOOD GOVERNMENT COMMITTEE	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code HOUSTON, TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR REASONABLE SOLUTIONS PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78741		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AGGREGATES & CONCRETE ASSOCIATION PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code ROUND ROCK, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76185		
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: 14/17 Rpt: 17/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS APARTMENT ASSOCIATION	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DENTAL ASSOCIATION PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS FOOD & FUEL ASSOCIATION PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LOBBY STRATEGIES	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TRIAL LAWYERS ASSOCIATION PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
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: 15/17 Rpt: 18/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE SUSTER LAW GROUP, PLLC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code PLANO, TX 75093	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00542365) TOYOTA MOTOR NORTH AMERICA, INC POLITICAL ACTION	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code WASHINGTON, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALENT, KATE	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code LUCAS, TX 75002	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SCHEEF & STONE, LLP
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB -	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VESTERMAN, WILLIAM J	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code LANTANA, TX 76226	
Principal occupation / Job title (See Instructions) EDUCATOR		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: 16/17 Rpt: 19/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINYARD, CHARLA	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code FRISCO, TX 75036		
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) SELF EMPLOYED
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOLOSHINA, OLGA	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code ANNA, TX 75409		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) TWH
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAHL, JOSH	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code RICHARDSON, TX 75081		
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SCHEATH STONE
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATTS, MIKAL	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code DORADO PR 646 Puerto Rico		
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) WATTS LAW FIRM LLP
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, KIRK	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code DALLAS, TX 75229		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) WESTERN FRONTIER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/17 Rpt: 20/38
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINE AND SPIRITS WHOLESALERS OF TEXAS PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, WALKER <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75230	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SCHEEF & STONE, LLP

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 21/38	
2 FILER NAME Little, Jason Mitchell (Mr.)		3 Filer ID (Ethics Commission Filers) 00088078	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/03/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACHILLI, LINCOLN	8 Amount of contribution (\$) \$1,000.00	9 In-kind contribution description FOOD / BEVERAGE
	7 Contributor address; City; State; Zip Code DALLAS, TX 75287	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CONSULTANT		11 Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUMGARNER, BEN	Amount of contribution (\$) \$3,000.00	In-kind contribution description FOOD / BEVERAGE
	Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) STATE REPRESENTATIVE		Employer (FOR NON-JUDICIAL) (See instructions) TEXAS HOUSE DISTRICT 63	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICKSON, LISA	Amount of contribution (\$) \$19.24	In-kind contribution description FOOD / BEVERAGE
	Contributor address; City; State; Zip Code ARGYLE, TX 76226	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CAMPAIGN MANAGER		Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/16 Rpt: 22/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/03/2024	5 Payee name ACCESS VALET PARKING	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 14910 HARTSMITH DR AUSTIN, TX 78725	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2024	Payee name ACHILLI, LINCOLN	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3628 COPPER STONE DR DALLAS, TX 75287	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2024	Payee name ALEXAN WATERLOO	
Amount (\$) \$3,116.59	Payee address; City; State; Zip Code 700 E 11TH ST AUSTIN, TX 78701	
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 RENT
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: 2/16 Rpt: 23/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
---	---	--

4 Date 12/16/2024	5 Payee name AT&T HOTEL AND CONFERENCE CENTER
-----------------------------	---

6 Amount (\$) \$26.00	7 Payee address; City; State; Zip Code 1900 UNIVERSITY AVE AUSTIN, TX 78705
---------------------------------	--

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

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

Date 12/05/2024	Payee name AUSTIN MARRIOTT SOUTH
--------------------	-------------------------------------

Amount (\$) \$387.35	Payee address; City; State; Zip Code 4415 SOUTH I-35 AUSTIN, TX 78744
-------------------------	---

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

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

Date 12/15/2024	Payee name BEST BUY
--------------------	------------------------

Amount (\$) \$898.45	Payee address; City; State; Zip Code 7601 PENN AVE S RICHFIELD, MN 55423
-------------------------	--

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 OFFICE EQUIPMENT
-------------------------------	---	--

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

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/16 Rpt: 24/38	2	FILER NAME Little, Jason Mitchell (Mr.)	3	Filer ID (Ethics Commission Filers) 00088078	
4	Date 11/04/2024	5	Payee name BRAUN, BRAYDEN			
6	Amount (\$) \$100.00	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 11/03/2024		Payee name BUMGARNER, BEN			
	Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 5150 KENSINGTON CT FLOWER MOUND, TX 75022			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/18/2024		Payee name CROSBY OTTENHOFF GROUP			
	Amount (\$) \$3,231.25		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	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/16 Rpt: 25/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/17/2024	5 Payee name CROSBY OTTENHOFF GROUP	
6 Amount (\$) \$1,057.50	7 Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name DENTON COUNTY REPUBLICAN PARTY	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2921 COUNTRY CLUB RD STE 102 DENTON, TX 76210	
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
Date 11/01/2024	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: 5/16 Rpt: 26/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
---	---	--

4 Date 11/06/2024	5 Payee name GIDEONS 300 BAMN
-----------------------------	---

6 Amount (\$) \$2,000.00	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) 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
---------------------------------	---	---

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

Date 11/13/2024	Payee name GIDEONS 300 BAMN
--------------------	--------------------------------

Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
---------------------------	---

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

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

Date 12/02/2024	Payee name GIDEONS 300 BAMN
--------------------	--------------------------------

Amount (\$) \$7,000.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
---------------------------	---

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

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

--	--	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/16 Rpt: 27/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/06/2024	5 Payee name GIDEONS 300 BAMN	
6 Amount (\$) \$4,000.00	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) 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name HENDRICKSON, JOSHUA	
Amount (\$) \$424.80	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 11/03/2024	Payee name HENDRICKSON, LISA	
Amount (\$) \$19.24	Payee address; City; State; Zip Code 9031 CEDAR RIDGE ARGYLE, TX 76226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/16 Rpt: 28/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 11/11/2024	5 Payee name JONES, RONNIE	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 6007 THORN TRL FLOWER MOUND, TX 75028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2024	Payee name LITTLE, JASON MITCH	
Amount (\$) \$1,753.59	Payee address; City; State; Zip Code 2841 SEVEN SHIELDS LN LEWISVILLE, TX 75056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT: RENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name MAILCHIMP	
Amount (\$) \$242.42	Payee address; City; State; Zip Code 405 N ANGIER AVE NE ATLANTA, GA 30308	
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: 8/16 Rpt: 29/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 11/13/2024	5 Payee name MAILCHIMP	
6 Amount (\$) \$242.42	7 Payee address; City; State; Zip Code 405 N ANGIER AVE NE ATLANTA, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2024	Payee name MAILCHIMP	
Amount (\$) \$242.42	Payee address; City; State; Zip Code 405 N ANGIER AVE NE ATLANTA, GA 30308	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2024	Payee name MAILCHIMP	
Amount (\$) \$242.42	Payee address; City; State; Zip Code 405 N ANGIER AVE NE ATLANTA, GA 30308	
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 <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: 9/16 Rpt: 30/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 11/04/2024	5 Payee name MANNY TREVINO LLC	
6 Amount (\$) \$650.00	7 Payee address; City; State; Zip Code 1018 DAYTON DR ARGYLE, TX 76226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUDIO / VISUAL SERVICES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name MARTY B'S LLC	
Amount (\$) \$667.15	Payee address; City; State; Zip Code 2664 FARM TO MARKET RD 407 BARTONVILLE, TX 76226	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name MINMAX, INC.	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 7680 HIDDEN COVE RD BAINBRIDGE ISLAND, WA 98110	
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: 10/16 Rpt: 31/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 11/01/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$5,630.00	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$30.02	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$13.45	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) OTHER TRAVEL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING
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: 11/16 Rpt: 32/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 11/01/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$280.93	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MILEAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$626.77	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) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT FACILITY RENTAL / FOOD / BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2024	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 <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: 12/16 Rpt: 33/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/06/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$9,592.50	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$405.94	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) OTHER TRAVEL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LODGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/16 Rpt: 34/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/18/2024	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$294.13	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MILEAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$100.09	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE / SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2024	Payee name SPRINGHILL SUITES BY MARRIOTT	
Amount (\$) \$245.80	Payee address; City; State; Zip Code 4501 SOUTH I-35 AUSTIN, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LODGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/16 Rpt: 35/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
--	---	--

4 Date 11/06/2024	5 Payee name TEXAS VALUES ACTION PAC
-----------------------------	--

6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1005 CONGRESS AVE #830 AUSTIN, TX 78701
------------------------------------	--

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 SPONSORSHIPS
---------------------------------	---	--

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

Date 12/16/2024	Payee name THE BARRELL
--------------------	---------------------------

Amount (\$) \$295.78	Payee address; City; State; Zip Code 2648 FM 407 E STE 150 BARTONVILLE, TX 76226
-------------------------	---

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 10/28/2024	Payee name WINRED
--------------------	----------------------

Amount (\$) \$101.46	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: 15/16 Rpt: 36/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 11/04/2024	5 Payee name WINRED	
6 Amount (\$) \$29.55	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name WINRED	
Amount (\$) \$2.36	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2024	Payee name WINRED	
Amount (\$) \$68.95	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/16 Rpt: 37/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
--	---	--

4 Date 12/16/2024	5 Payee name WINRED
-----------------------------	-------------------------------

6 Amount (\$) \$2,454.62	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
------------------------------------	---

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

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

Date 12/23/2024	Payee name WINRED
--------------------	----------------------

Amount (\$) \$310.28	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
-------------------------	--

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

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

Date 12/02/2024	Payee name YELLOW DOOR STORAGE - LANTANA
--------------------	---

Amount (\$) \$178.00	Payee address; City; State; Zip Code 2001 E HICKORY RD ARGYLE, TX 76226
-------------------------	---

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

--	--

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 38/38	2 FILER NAME Little, Jason Mitchell (Mr.)	3 Filer ID (Ethics Commission Filers) 00088078
4 Date 12/13/2024	5 Payee name ALEXAN WATERLOO	
6 Amount (\$) \$1,753.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 700 E 11TH ST AUSTIN, TX 78701	
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense RENT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought Office held