## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00088078		2 Total pages filed: 38	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONL	Υ.
OFFICEHOLDER NAME	Mr.	Jason Mitchell	l		Date Received	
					ELECTRONICALLY FILE	D
	NICKNAME	LAST		SUFFIX	01/15/2025	_
	INICKNAIVIE	Little		SUFFIX	01/10/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT		Υ;	ZIP CODE	Date Hand-delivered or Date Postmark	ked
MAILING	2841 Seven Shields Lane	!			Receipt # Amount	
ADDRESS						
Change of Address	Lewisville, TX 75056				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mrs.	Caitlyn B.				
	NICKNAME	LAST		SUFFIX		
		Tortorici				
C CAMPAIGN	OTDEET ADDRESS (NO DO	A DOW DI EAGEN		T / OLUTE //: OLT	OTATE: 715	2.0005
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CIT	Y; STATE; ZIF	CODE
ADDRESS	421 Office Park Drive					
(Residence or Business)						
	Mountain Brook, AL 3522	3				
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(205) 440-2873					
THONE						
8 REPORT		_			-	
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasu appointment (officeholder only)	
	July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)	
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Da	y Year	
COVERED	10/27/2024	TH	IROUGH	12/31/2	024	
10 ELECTION	ELECTION DATE	<u>_</u>		ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		G	eneral	Special		
		-		<del>_</del>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUG	HT (if known)	
	State Representative Dist	rict 65				
	!			1		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Little, Jason Mitchell	(Mr.)	14 Filer ID 00088078	(Ethics Comm	ission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or offic	eholder's know	ledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	114,604.24		
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		\$	77,505.82		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	106,006.09		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	125,000.00		
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
		Mr. 1s	ason Mitchell Little				
			Candidate or Officeho	older			
AFFIX NO	ΓARY STAMP / SEAL AB	DVE					
Sworn to and subso	cribed before me, by the s	aid	, this the		day		
of	, 20, to co	ertify which, witness my hand and seal of office.					
Signature of office	er administering	Printed name of officer administering	Title of office	er administerinç	g oath		
-	j	Ç		`			

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

3 of 38

					3 01 36
<b>18</b> FIL	ER NAN	ME	19 Filer ID	(Ethic	cs Commission Filers)
Lit	tle, Jas	on Mitchell (Mr.)	00088078		
		E SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	110,585.00
2.	X	\$	4,019.24		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	75,752.23
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,753.59
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CON	ITRIBUTION	S 		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to co	omplete this forn	1.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 12/11/2024	<ul><li>5 Full name of contributor  ou  ou</li></ul>		)	7	Amount of Contribution (\$)	\$7,500.00
	Delinational annual	DALLAS, TX 75225	lo.	Frankrije (Ozakastinati			
8	OIL AND GA	pation / Job title (See Instructions) S		Employer (See Instructions SELF EMPLOYED	5) 		
	Date 11/08/2024	AGC OF TEXAS PAC  Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78768 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 12/06/2024	Full name of contributor 🗵 ou AMERICA'S FUTURE, TOGETH Contributor address; City; State; Zij ATHENS, GA 30605		190235		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/12/2024	Full name of contributor ou ANDRO, RICHARD  Contributor address; City; State; Zipper DALLAS, TX 75220	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)		Employer (See Instructions BRENTWOOD CONSUL		NG	
	Date 12/12/2024	Full name of contributor ou ARNOLD, KURT  Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions ARNOLD & ITKIN LLP	5)		
			I				

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

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/38	
2	FILER NAME	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 12/04/2024	Full name of contributor	C (ID#:	)	7	Amount of Contribution (\$)	\$500.00
		CATARINA, TX 78836					
8	Principal occu CONSULTA	pation / Job title (See Instructions) NT	9	Employer (See Instructions SELF EMPLOYED	s)		
	Date 12/14/2024	Full name of contributor out-of-state PAC DAVIDSON, GREGORY  Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$50.00
		AUSTIN, TX 78711		- 40 1 1	_		
	Principal occu DIRECTOR	ipation / Job title (See Instructions)		Employer (See Instructions OFFICE OF THE GOVE		IOR	
	Date 12/11/2024	Full name of contributor out-of-state PAC DEASON, DARWIN  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$2,000.00
		DALLAS, TX 75219					
	Principal occu CHAIRMAN	pation / Job title (See Instructions)		Employer (See Instructions DEASON CAPITAL SER	•	CES	
	Date 12/10/2024	Contributor address; City; State; Zip Code	-	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	DALLAS, TX 75229  upation / Job title (See Instructions)		Employer (See Instructions DEASON CAPITAL SEE		CES	
	Date 12/11/2024	Full name of contributor out-of-state PAC ECKARD GLOBAL ENERGY LLC Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$5,000.00
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> 5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 10/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	ARGYLE, TX 76226				
8	SALES	pation / Job title (See Instructions)	9 Employer (See Instructions TELIT	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ EYE-PAC OF THE TEXAS OPTHAMOLOGICA  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ EYE-PAC OF THE TEXAS OPTHAMOLOGICA Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_FORD, CURTIS  Contributor address; City; State; Zip Code  WEST LAKE HILLS, TX 78746			Amount of Contribution (\$)	\$1,500.00
	Principal occu INVESTOR	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_FRITCHER, SAM  Contributor address; City; State; Zip Code  PLANO, TX 75024			Amount of Contribution (\$)	\$2,500.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commissio 00088078	n Filers)
4	Date 12/14/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	FRISCO, TX 75036 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: FW FIREFIGHTERS COMMITTEE FOR RESPON Contributor address; City; State; Zip Code  FORT WORTH, TX 76107	NSIBLE GOV.		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: GONZALEZ PUBLIC AFFAIRS & CONSULTING Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#: GRAY, BRADY  Contributor address; City; State; Zip Code  BROCK, TX 76087			Amount of Contribution (\$)	\$250.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions TEXAS FAMILY PROJE		т	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: GRIFFIN, MICHAEL  Contributor address; City; State; Zip Code  LEWISVILLE, TX 75056			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) AL REAL ESTATE	Employer (See Instructions TRANSWESTERN	)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 9/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	n Filers)
4	Date 10/31/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
_	Deignigal	GRAFORD, TX 76449	_	Frankley av (Coo la atrustica a			
8	RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	5)		
	Date 12/13/2024	Full name of contributor		)		Amount of Contribution (\$)	\$500.00
	Principal occu	SAN ANTONIO, TX 78216 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	ATTORNEY	,		HILL LAW FIRM			
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#: HOMEPAC OF TEXAS - TEXAS ASSOCIATION Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ HOUSTON POLICE RETIRED OFFICERS ASSO Contributor address; City; State; Zip Code  HOUSTON, TX 77219				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ HOWELL, DARLENE  Contributor address; City; State; Zip Code  CARROLLTON, TX 75010		)		Amount of Contribution (\$)	\$25.00
	Principal occu REALTOR	pation / Job title (See Instructions)		Employer (See Instructions WILLIAM DAVIS REAL			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	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	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$2,500.00
_	Dringing Lagran	PLANO, TX 75093	٦	Frankrian (Cookaranian		
8	CAR DEALE	pation / Job title (See Instructions)	9	Employer (See Instructions HUFFINES AUTO	5)	
	Date 12/12/2024	Full name of contributor		)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)	
	RETIRED	,		RETIRED		
	Date 12/12/2024	Full name of contributor		)		Amount of Contribution (\$) \$10,000.00
	Principal occur	pation / Job title (See Instructions)	_	Employer (See Instructions	;) 	
	ATTORNEY			ARNOLD & ITKIN LLP	,	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_KICKAPOO TRADITIONAL TRIBE OF TEXAS  Contributor address; City; State; Zip Code  EAGLE PASS, TX 78852		)		Amount of Contribution (\$) \$7,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>	
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: KICKAPOO TRADITIONAL TRIBE OF TEXAS  Contributor address; City; State; Zip Code  EAGLE PASS, TX 78852		)		Amount of Contribution (\$) \$7,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	ı Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
0	Principal occu	GARLAND, TX 75044 pation / Job title (See Instructions)	l <sub>o</sub>	Employer (See Instructions	·, 		
•	BROKER	pation / Job title (See Instructions)	9	KRAEMER LLC	·)		
	Date 12/12/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	FLOWER MOUND, TX 75028 pation / Job title (See Instructions)	Г	Employer (See Instructions	<u> </u> 5)		
	RETIRED	, , , , , , , , , , , , , , , , , , ,		RETIRED	•		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ LEE, KATIA Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
		DALLAS, TX 75205					
	Principal occu BUSINESS (	pation / Job title (See Instructions) DWNER		Employer (See Instructions SELF EMPLOYED	s)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_LEE, KATIA  Contributor address; City; State; Zip Code  DALLAS, TX 75205		)		Amount of Contribution (\$)	\$500.00
	Principal occu BUSINESS (	pation / Job title (See Instructions)  OWNER		Employer (See Instructions SELF EMPLOYED	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_LINEBARGER GOGGAN BLAIR & SAMPSON,  Contributor address; City; State; Zip Code  AUSTIN, TX 78760		P		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<b>S</b> )		

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete	e this forr	m.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
0	Principal occu	HOUSTON, TX 77019	lo.	Employer (See Instructions	_		
0	JOURNALIS	pation / Job title (See Instructions) T	9	Employer (See Instructions SELF EMPLOYED	)		
	Date 12/11/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
	Principal occu	AUSTIN, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	LAW			LOEWY LAW FIRM			
	Date 12/14/2024	Full name of contributor	PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		DIRECTOR		TEXAS FAMILY PROJE		-	
	Date 10/31/2024	Full name of contributor out-of-state P MALONE, JIM Contributor address; City; State; Zip Code  LEWISVILLE, TX 75057		)		Amount of Contribution (\$)	\$500.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)		Employer (See Instructions ENVIROSERVE	<u> </u>		
	Date 12/07/2024	Full name of contributor out-of-state P MATZ AND COMPANY, LLC Contributor address; City; State; Zip Code  AUSTIN, TX 78703	PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			·				

	MONET	ARY POLITICAL CONTRIBUTION	ON	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	for	m.	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	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$) \$50.00
8	Principal occu	PLANO, TX 75093 pation / Job title (See Instructions)	<b>1</b> 9	Employer (See Instructions	<u> </u>	
	ACCOUNTA			SELF EMPLOYED	-,	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID# MOAYEDI, MEHRDAD  Contributor address; City; State; Zip Code  FARMERS BRANCH, TX 75234		)	•	Amount of Contribution (\$) \$5,000.00
	•	Pation / Job title (See Instructions)		Employer (See Instructions		
					١N	DEVELOPMENT GROUP
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID# MOFFITT, MARCUS  Contributor address; City; State; Zip Code  DENTON, TX 76210	:		•	Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u>                                     </u>	
	REAL ESTA	TE		SELF EMPLOYED		
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 NORTH TEXAS AUTOMOBILE DEALERS PAC  Contributor address; City; State; Zip Code  IRVING, TX 75062		•	Amount of Contribution (\$) \$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID# ONCOR TEXAS STATE POLITICAL ACTION Contributor address; City; State; Zip Code  DALLAS, TX 75202	COI		•	Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			•			

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDUL	_E <b>A1</b>
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 12/10/2024	2/10/2024 OSTRANDER, PEGGY  6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		PLANO, TX 75093					
8	FAMILY NUI	pation / Job title (See Instructions) RSE PRACTITIONER		Employer (See Instructions INSTITUTE OF HEALTH			
	Date 12/10/2024	Full name of contributor  PICK, JACKI  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	DALLAS, TX 75229		Employer (See Instructions	_		
	Principal occupation / Job title (See Instructions)  RESEARCH AND EDUCATION  SELF EMP				')		
	Date Full name of contributor out-of-state PAC (ID#:)  12/12/2024 PIKL, JAMES  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		MCKINNEY, TX 75071					
	Principal occu PARTNER	pation / Job title (See Instructions)		Employer (See Instructions SCHEEF & STONE, LLF			
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 POWERS, TIM  Contributor address; City; State; Zip Code  DENTON, TX 76201			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	<u> </u>		
	Date 12/11/2024	Full name of contributor PRESTON, MELINDA  Contributor address; City; State FRISCO, TX 75033	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occupation / Job title (See Instructions)  EXECUTIVE DIRECTOR CDF  Employer (See Instruction SELF EMPLOYED				<u>.</u>		
	LALCOTIVE	DIVECTOR ODE	I_	JELI LIVIFLOTED			

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/38			
2	FILER NAME Little, Jason	Mitchell (Mr.)			3	Filer ID (Ethics Commissio 00088078	n Filers)
4	12/10/2024 SCHILD, KRISTA  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
0	Dringing! goog	ROYSE CITY, TX 75189	lo lo	Employer (See Instructions			
•	BOOKKEEP	pation / Job title (See Instructions) ER		Employer (See Instructions SELF EMPLOYED	,		
	Date 12/10/2024	Full name of contributor		)		Amount of Contribution (\$)	\$500.00
		PLANO, TX 75093					
	Principal occupation / Job title (See Instructions)  ATTORNEY  Employer (See Instruction SCHEEF & STONE, L						
	Date Full name of contributor out-of-state PAC (ID#:)  10/29/2024 SHELTON, SUSAN  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	THE COLONY, TX 75056 pation / Job title (See Instructions)		Employer (See Instructions	)		
	CONSULTA			SHS BUSINESS DEVEL		PMENT	
	Date 12/04/2024	Full name of contributor				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor CSPARKS, JACOB  Contributor address; City; State; 2  FRISCO, TX 75036	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions NELSON MULLINS RIL		& SCARBOROUGH LLP	
			I				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/38		
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	on Filers)	
4	Date 12/14/2024  5 Full name of contributor out-of-state PAC (ID#:) SPENCER, CHRIS  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00			
		HUGHES SPRINGS, TX 75656					
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions) CRUMP FOODS, INC.	)			
	Date 12/06/2024	Full name of contributor X out-of-state PAC (ID#: C SYSCO CORPORATION GOOD GOVERNMEN' Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		Amount of Contribution (\$)	\$500.00	
	Principal occu	HOUSTON, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	i inioipai ooda	pation, cop the (coc metasticity)	Employer (GGC meadeache	,			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#: TEXANS FOR REASONABLE SOLUTIONS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	AUSTIN, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions				
	Timoipai ooda	pation, our title (our metastions)	Employer (eee meadeache	,			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: TEXAS AGGREGATES & CONCRETE ASSOCI.  Contributor address; City; State; Zip Code  ROUND ROCK, TX 78681			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AND SOUTHWESTERN CATTLE RAISE Contributor address; City; State; Zip Code  FORT WORTH, TX 76185			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
		,					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS APARTMENT ASSOCIATION  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
_	Duinning Langu	AUSTIN, TX 78701	O Familiary (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DENTAL ASSOCIATION PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78704  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS FOOD & FUEL ASSOCIATION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions			
	r illicipai occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS LOBBY STRATEGIES  Contributor address; City; State; Zip Code  AUSTIN, TX 78701	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS ASSOCIATION PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78701	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/38			
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	on Filers)		
4	Date 11/01/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00		
•	Dringing agg	PLANO, TX 75093	Employer /See Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)				
	Date 12/10/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/10/2024 VALENT, KATE  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00			
		LUCAS, TX 75002						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions) SCHEEF & STONE, LLF					
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_VERIZON COMMUNICATIONS INC. GOOD GO Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)				
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_VESTERMAN, WILLIAM J  Contributor address; City; State; Zip Code  LANTANA, TX 76226			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions) SELF EMPLOYED	)				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/38		
2	FILER NAME Little, Jason	Mitchell (Mr.)		3	Filer ID (Ethics Commission 00088078	on Filers)
4	12/05/2024 VINYARD, CHARLA  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00	
_	<u></u>	FRISCO, TX 75036				
8	8 Principal occupation / Job title (See Instructions)  REALTOR  9 Employer (See Instructions)  SELF EMPLOYED		)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 VOLOSHINA, OLGA  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	ANNA, TX 75409  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	OWNER	pation 7 oob title (oce mondetions)	TWH	,		
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 WAHL, JOSH  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		RICHARDSON, TX 75081				
	Principal occu LAWYER	pation / Job title (See Instructions)	Employer (See Instructions) SCHEATH STONE	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_WATTS, MIKAL  Contributor address; City; State; Zip Code  DORADO PR 646 Puerto Rico	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu LAWYER	pation / Job title (See Instructions)	Employer (See Instructions) WATTS LAW FIRM LLP	)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_WILSON, KIRK Contributor address; City; State; Zip Code  DALLAS, TX 75229			Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) WESTERN FRONTIER	)		

	MONET	TARY POLITICAL CONTRIBUTI	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Sch: 17/17	Schedule A1: ' Rpt: 20/38	
2	FILER NAME Little, Jason	Mitchell (Mr.)		3 Filer ID (E 00088078	thics Commission	on Filers)
4	Date 12/07/2024	5 Full name of contributor	7 Amount of C	Contribution (\$)	\$2,000.00	
		AUSTIN, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID# YOUNG, WALKER  Contributor address; City; State; Zip Code	:)	Amount of C	Contribution (\$)	\$250.00
	Principal occu	DALLAS, TX 75230 upation / Job title (See Instructions)	Employer (See Instructions SCHEEF & STONE, LL			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 21/38				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Mitchell (Mr.)		00088078			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 11/03/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	8 Amount of contribution (\$) In-kind contribution description \$1,000.00 I FOOD / BEVERAGE				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
CONSULTA	ANT	SELF EMPLOYED				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/03/2024	Full name of contributor out-of-state PAC (ID#: BUMGARNER, BEN Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$3,000.00 I FOOD / BEVERAGE			
	FLOWER MOUND, TX 75022					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
STATE REF	PRESENTATIVE	TEXAS HOUSE DI	ISTRICT 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 contributo	ributor'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 out-of-state PAC (ID#: HENDRICKSON, LISA Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$19.24   FOOD / BEVERAGE			
	ARGYLE, TX 76226		Check if travel outside of Texas. Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)  MANAGER	Employer (FOR NON 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 contributo	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment  The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F1:			3	Filer ID	(Ethics Commission Filers)				
Sch: 1/16 Rpt: 22/38	Little, Jason Mitchell (Mr.)			00088078					
4 Date	5 Payee name								
12/03/2024	ACCESS VALET PARKING								
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Co	ode							
φ40.00	14910 HARTSWITH DR								
	AUSTIN, TX 78725								
8 PURPOSE		(b) D	Description						
OF	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		Check if travel outsi	de of Texas. Com	plete Schedule T.				
EXPENDITURE		[	Check if Austin, TX,	officeholder living	g expense				
			PARKING						
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u> </u> uaht		Office he	eld				
expenditure to benefit C/C		agne		Omoc m	314				
Date	Payee name								
11/03/2024	ACHILLI, LINCOLN								
Amount (\$)	Payee address; City; State; Zip Co	ode							
\$1,000.00	3628 COPPER STONE DR								
	DALLAS, TX 75287								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description						
EXPENDITURE	Food/Beverage Expense	-	Check if travel outsing Check if Austin, TX,						
			N KIND OFFSE						
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ught		Office he	eld				
experience to belief ex-									
Date	Payee name								
12/13/2024	ALEXAN WATERLOO								
Amount (\$) \$3,116.59	Payee address; City; State; Zip Co	ode							
Ψ5,110.55	700 E 11111 31								
	AUSTIN, TX 78701								
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description						
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsi						
EXI ENDITORE			Check if Austin, TX,	officeholder living	g expense				
			V=141						
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u> </u>		Office he	eld				
expenditure to benefit C/C		-							

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services			Vages	s/Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	oroun ouru r aymone			The Instruction C	Suide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/16 Rpt: 23/38		Little, Jason	Mitchell (Mr.)						00088078		
4	Date	5	Payee name									
	12/16/2024			EL AND CONF	ERENCE C	ENTER						
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$26.00		1900 UNIVE	ERSITY AVE								
			AUSTIN, TX	< 78705								
8	PURPOSE	(a)	Category (Sc	ee Categories listed at	the ton of this sol	hedule)	(b)	Description				
	OF	` '	OTHER TRA		the top of this soi	neddic)		_ :	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder livin	g expense	
								PARKING				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/05/2024		AUSTIN MA	ARRIOTT SOU	TH							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$387.35		4415 SOUT	H I-35								
			AUSTIN, TX	< 78744								
	PURPOSE	(a)					(h)	Description				
	OF	(-,	OTHER TRA	ee Categories listed at	tne top of this sci	nedule)	(~)	_ :	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		OTTIER TO	, (V L L				Check if Austin	, TX,	officeholder livin	g expense	
								LODGING				
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	12/15/2024		BEST BUY									
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$898.45		7601 PENN	AVE S								
			RICHFIELD	, MN 55423								
	PURPOSE	(a)	Category (Sc	ee Categories listed at	the ton of this sol	hedule)	(b)	Description				
	OF			head/Rental Ex		,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							ш		officeholder livin	g expense	
								OFFICE EQU	JIPI	MENT		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name		Office sou	ght			Office h	eld	
	experience to beliefft C/OI											

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 24/38	Little, Jason Mitchell (Mr.)	00088078
4	Date	5 Payee name	
	11/04/2024	BRAUN, BRAYDEN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	300 HIGHLAND COURT	
		DOUBLE OAK, TX 75077	
8	PURPOSE		
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Concitation, and along Expense	, TX, officeholder living expense
		CANVASSING	G
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	11/03/2024	BUMGARNER, BEN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	5150 KENSINGTON CT	
		FLOWER MOUND, TX 75022	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	, TX, officeholder living expense
		IN KIND OFF	SET: FOOD / BEVERAGE
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	- CAPCHARLATO TO BOTTONIC GFO		
	Date	Payee name	
	11/18/2024	CROSBY OTTENHOFF GROUP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,231.25	421 OFFICE PARK DR	
		MOUNTAIN BROOK, AL 35223	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel of	outside of Texas. Complete Schedule T.
	EXI ENDITORE		, TX, officeholder living expense
		COMPLIANC	E CONSULTING
	Operation ON VIVE	Open districts (Office the Idea of the Control of t	Office health
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
L	Sch: 4/16 Rpt: 25/38	Little, Jason Mitchell (Mr.) 00088078	
4	Date	5 Payee name	
L	12/17/2024	CROSBY OTTENHOFF GROUP	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,057.50	421 OFFICE PARK DR	
		MOUNTAIN BROOK, AL 35223	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		COMPLIANCE CONSULTING	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Ħ	Date	Payee name	_
	12/18/2024	DENTON COUNTY REPUBLICAN PARTY	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,500.00	2921 COUNTRY CLUB RD	
		STE 102	
		DENTON, TX 76210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		SPONSORSHIPS	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	11/01/2024	GIDEONS 300 BAMN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,500.00	6101 LONG PRAIRIE RD	
		744-244	
		FLOWER MOUND, TX 75028	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  MANAGEMENT CONSULTING	
		WARA CEMENT CONCETTING	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/\	Vages/Co	ntract Labor this form.		OTHER (enter a	a category not listed above)	
1	Total pages Schedule F1:	1				[		Filer ID	(Ethics Commission Filer	s)
	Sch: 5/16 Rpt: 26/38	Little, Jaso	n Mitchell (Mr.)					00088078		
4	Date 11/06/2024	5 Payee name GIDEONS								
6	Amount (\$) \$2,000.00	744-244	ess; City; G PRAIRIE RD MOUND, TX 75028	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a) Category (s Consulting	see Categories listed at the top Expense	o of this schedule)		escription Check if travel ou Check if Austin, 1 ANAGEMEN	TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	ght			Office he	eld	
	Date 11/13/2024	Payee name GIDEONS	300 BAMN							
	Amount (\$) \$2,500.00	744-244	ess; City; G PRAIRIE RD MOUND, TX 75028	State; Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a) Category (s Consulting	see Categories listed at the top Expense	p of this schedule)		escription Check if travel ou Check if Austin, 1 ANAGEMEN	TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ight			Office he	eld	
	Date 12/02/2024	Payee name GIDEONS	300 BAMN							
	Amount (\$) \$7,000.00	744-244	ess; City; G PRAIRIE RD MOUND, TX 75028	State; Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a) Category (s Consulting	see Categories listed at the top Expense	o of this schedule)		escription Check if travel ou Check if Austin, T ANAGEMEN	TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI		ïceholder name	Office sou	ght			Office he	eld	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memoria Legal Services  The Instruction	·		Vages	/Contract Labor		Travel Out of D OTHER (enter a	istrict a category not listed abo	/e)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/16 Rpt: 27/38			n Mitchell (Mr.)	ı					00088078	•	Î
4	Date	5	Payee name									
	12/06/2024		GIDEONS 3	300 BAMN								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	ode					
	\$4,000.00		6101 LONG	PRAIRIE RD								
			744-244									
			FLOWER M	OUND, TX 75	5028							
8	PURPOSE	(a)	Category (Si	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF		Consulting I		at the top of the oof	.cua.c <sub>j</sub>		_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin		
								MANAGEME	NT	CONSULT	ING	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	eld	
	Date		Payee name									
	11/07/2024		HENDRICK	SON, JOSHU	Α							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$424.80		9031 CEDA	R RIDGE								
			LANTANA,	TX 76226								
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description				
	EXPENDITURE		Solicitation/	Fundraising E	xpense			<b>=</b>		de of Texas. Con officeholder livin	nplete Schedule T.	
								CANVASSIN		onicenduel livin	y expense	
								0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	•			
	Complete ONLY if direct		 Candidate/Offi	ceholder name	(	Office sou	<u>l</u> ight			Office h	eld	
	expenditure to benefit C/OI	Н										
_	Date		Payee name									
	11/03/2024		HENDRICK	SON, LISA								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	nde					
	\$19.24		9031 CEDA		o tuto	, <u></u> p						
	410.21		0001 0257									
			ARGYLE, T	X 76226								
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				ш			nplete Schedule T.	
								_		officeholder livin		
								IN KIND OFF	-SE	. i . FUUD /	DEVEKAGE	
_	Complete ONLY if direct	Ц,	Candidata/O#	ceholder name		Office com	ah+			Office b	old	
	Complete ONLY if direct expenditure to benefit C/OI		∍aπunuate/U∏	cenoluel name	(	Office sou	ynı			Office h	eiu	

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 28/38	Little, Jason Mitchell (Mr.)	00088078
4	Date	5 Payee name	
	11/11/2024	JONES, RONNIE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	6007 THORN TRL	
		FLOWER MOUND, TX 75028	
_	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel of the control of the contr	utside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	TX, officeholder living expense
		SIGNS	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/27/2024	LITTLE, JASON MITCH	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,753.59	2841 SEVEN SHIELDS LN	
		LEWISVILLE, TX 75056	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		REIMBURSEI	MENT: RENT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit or of	1	
	Date	Payee name	
	11/01/2024	MAILCHIMP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$242.42	405 N ANGIER AVE NE	
		ATLANTA, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T.
		Check if Austin, DIGITAL ADV	TX, officeholder living expense
		DIGITAL ADV	LIVIIJING
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/16 Rpt: 29/38 00088078 Little, Jason Mitchell (Mr.) 4 Date Payee name 11/13/2024 **MAILCHIMP** 6 Amount (\$) Payee address; City; State; Zip Code \$242.42 405 N ANGIER AVE NE ATLANTA, GA 30308 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **DIGITAL ADVERTISING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/02/2024 **MAILCHIMP** Amount (\$) Payee address; City; State; Zip Code \$242.42 405 N ANGIER AVE NE ATLANTA, GA 30308 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/12/2024 **MAILCHIMP** 

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

ATLANTA, GA 30308 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING

State; Zip Code

Complete ONLY if direct expenditure to benefit C/OH

Amount (\$)

Candidate/Officeholder name

Payee address:

405 N ANGIER AVE NE

City:

Office sought

Office held

\$242.42

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed a	bove)
	Credit Card Fayment			The Instruction G	uide explains ho	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 9/16 Rpt: 30/38		Little, Jason	Mitchell (Mr.)						00088078		
4	Date	5	Payee name									
	11/04/2024		MANNY TR	EVINO LLC								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$650.00		1018 DAYT	ON DR								
			ARGYLE, T	X 76226								
8	PURPOSE	₩					(h)	Description				
u	OF			ee Categories listed at t	the top of this sched	lule)	(D)	Description  Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Event Expe	1156				<b>=</b>		officeholder livin		
								AUDIO / VISI	JAI	SERVICE	S	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Off	fice souç	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	11/06/2024		MARTY B'S	LLC								
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State;	Zip Cod	de					
	\$667.15		2664 FARM	TO MARKET I	RD							
			407									
		l	-	LLE, TX 76226								
	PURPOSE	₩				1	(h)	Description				
	OF			ee Categories listed at t age Expense	the top of this sched	lule)	(6)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense				<b>=</b>		officeholder living		
								FOOD / BEVI	ER.	AGE		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Off	fice souç	ght			Office h	eld	
	expenditure to benefit C/Ol	Н										
	Date		Payee name									
	11/14/2024		MINMAX, IN	IC.								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$250.00		7680 HIDDE	EN COVE RD								
			BAINBRIDG	SE ISLAND, WA	98110							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the ton of this sched	lule)	(b)	Description				
	OF		Advertising		and top or and domea	)			outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		J	·				<b>—</b>		officeholder living	g expense	
								DIGITAL AD\	/EF	RTISING		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	Off	fice souç	ght			Office h	eld	
	experience to beliefft G/O											

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exper Legal Services	Salaries/\	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	etrict category not listed abo	/e)
ᆫ			The Instruction Guide	explains now to co	mpie	ete this form.	_			
1	Total pages Schedule F1: Sch: 10/16 Rpt: 31/38	l	E n Mitchell (Mr.)				3	Filer ID 00088078	(Ethics Commission	n Filers)
Ŀ	·						<u> </u>			
4	Date 11/01/2024	5 Payee name SOLUTION	: IS FOR TEXAS IN F	UNDRAISING	LLC					
Ļ	Amount (ft)	7 Dayso addr	City	State: 7in Co	, do					
ľ	Amount (\$)	7 Payee addre		State; Zip Co	oue					
	\$5,630.00	4238 LOM	O ALTO CT							
		DALLAS, 1	X 75219							
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this cohodula)	(b)	Description				
	OF		/Fundraising Expens		``	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Concitation	T dildidising Expens	C		Check if Austin	, TX,	officeholder living	expense	
						FUNDRAISIN	١G	CONSULTI	NG	
9	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	<u>l</u> ight			Office he	eld	
	expenditure to benefit C/OI	H								
F	Date	Doves no								
		Payee name	: IS FOR TEXAS IN F							
L	11/01/2024	SOLUTION	15 FUR TEXAS IN F	UNDRAISING	LLC					
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$30.02	4238 LOM	O ALTO CT							
		DALLAS, 1	X 75219							
H	PURPOSE	(a) Category "	See Categories listed at the top	- £ 41-1 1 1 \	(b)	Description				
	OF		rhead/Rental Expens		(~)	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Office Ove	meau/Nemai Expens			_		officeholder living		
						POSTAGE				
Н	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	<u>l</u> ight			Office he	eld	
	expenditure to benefit C/OI	4			Ū					
⊨	Dete									
	Date	Payee name								
	11/01/2024	SOLUTION	IS FOR TEXAS IN F							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$13.45	4238 LOM	O ALTO CT							
1										
		DALLAS, 1	X 75219							
H	PURPOSE	(a) Category //	See Categories listed at the top	of this schodule)	(b)	Description				
	OF	OTHER TE		of this schedule)	(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	OTTLEN	O (V LL			Check if Austin	, TX,	officeholder living	expense	
						PARKING				
$\vdash$	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI				J -					
$\vdash$										

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed above)	
	·	_		The Instruction G	uide explains h	now to coi	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 11/16 Rpt: 32/38		Little, Jason	Mitchell (Mr.)						00088078		
4	Date	5	Payee name						•			
	11/01/2024			S FOR TEXAS	IN FUNDRA	AISING L	LC					
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
ľ	\$280.93	ľ	4238 LOMC		Otato,	2.p 00	uo					
	Ψ200.33		4200 LOIVIC	TILLIO CI								
			DALLAS, TX	X 75219								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		OTHER TRA	AVEL				<b>=</b>			mplete Schedule T.	
								<b>—</b>	, TX,	officeholder livir	ng expense	
								MILEAGE				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	0	office sou	ght			Office h	neld	
	experiulture to beliefit C/Oi											
	Date		Payee name									
	11/01/2024		SOLUTION:	S FOR TEXAS	IN FUNDRA	AISING L	LC					
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$626.77		4238 LOMC	ALTO CT		•						
	¥020			7.2.00.								
			DALLAC T	./ 7F010								
			DALLAS, T									
	PURPOSE OF	(a)		ee Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Event Exper	nse				<b>=</b>		officeholder livir	mplete Schedule T.	
								_			. / FOOD / BEVERA	GE
											.,. 002, 22, 2	-
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office h	nold	
	expenditure to benefit C/OI		Januluale/Oni	centitien name	O	nnce sou	giit			Office i	iciu	
		_										
	Date		Payee name									
	12/02/2024		SOLUTIONS	S FOR TEXAS	IN FUNDRA	AISING L	LC					
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$2,500.00		4238 LOMC	ALTO CT								
			DALLAS, TX	X 75219								
	PURPOSE	(2)					(h)	Description				
	OF	(۵)		ee Categories listed at Fundraising Ex		edule)	(13)	Description  Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Solicitation/i	Fullulaising Ex	pense					officeholder livir		
								FUNDRAISIN	١G	CONSULT	ING	
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI					<del>-</del> ;						
$\vdash$												

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/16 Rpt: 33/38	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	12/06/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	4238 LOMO ALTO CT
		DALLAS, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		FUNDRAISING CONSULTING
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/18/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,592.50	4238 LOMO ALTO CT
		DALLAS, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		FUNDRAISING CONSULTING
	Complete ONLY if direct	Constitute / Office helder mores Office pought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/18/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$405.94	4238 LOMO ALTO CT
		DALLAS, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	OTHER TRAVEL Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  LODGING
		LODGING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>o</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	
	Sch: 13/16 Rpt: 34/38	Little, Jason Mitchell (Mr.) 00088078
4	Date	5 Payee name
	12/18/2024	SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$294.13	4238 LOMO ALTO CT
		DALLAS, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	OTHER TRAVEL Check if travel outside of Texas. Complete Schedule T.  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
$\vdash$	Date	Payros namo
	12/18/2024	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.09	4238 LOMO ALTO CT
	+230.30	
		DALLAS, TX 75219
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		POSTAGE / SUPPLIES
L		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2024	SPRINGHILL SUITES BY MARRIOTT
	Amount (\$)	Payee address; City; State; Zip Code
	\$245.80	4501 SOUTH I-35
		AUSTIN, TX 78744
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	OTHER TRAVEL Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		LODGING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
	Sch: 14/16 Rpt: 35/38	Little, Jason Mitchell (Mr.) 00088078	
4	Date	5 Payee name	_
	11/06/2024	TEXAS VALUES ACTION PAC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	1005 CONGRESS AVE	
		#830	
		AUSTIN, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Contributions/Donations Made By	
	EXI ENDITORE	Candidate/Officeholder/Political Committee	
		SPONSORSHIPS	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
_	Date	Payee name	=
	12/16/2024	THE BARRELL	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$295.78	2648 FM 407 E	
	Ψ233.10	STE 150	
		BARTONVILLE, TX 76226	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		FOOD / BEVERAGE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	_
	10/28/2024	WINRED	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$101.46	1776 WILSON BLVD	
		STE 530	
		ARLINGTON, VA 22219	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		CREDIT CARD PROCESSING FEES	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H			
l			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/16 Rpt: 36/38	Little, Jason Mitchell (Mr.)	00088078
4	Date	5 Payee name	
	11/04/2024	WINRED	
_	Amount (\$)	7 Payee address; City; State; Zip Code	
Ü	\$29.55	1776 WILSON BLVD	
	φ29.00		
		STE 530	
		ARLINGTON, VA 22219	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	outside of Texas. Complete Schedule T.
	2/11/2/10/12		TX, officeholder living expense
		CREDIT CAR	D PROCESSING FEES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to benefit C/Oi	1	
	Date	Payee name	
	11/12/2024	WINRED	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.36	1776 WILSON BLVD	
	,	STE 530	
		ARLINGTON, VA 22219	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. TX, officeholder living expense
			RD PROCESSING FEES
		J	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cince field
	D-4-		
	Date	Payee name	
	12/09/2024	WINRED	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.95	1776 WILSON BLVD	
		STE 530	
		ARLINGTON, VA 22219	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		CREDIT CAR	D PROCESSING FEES
_			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	ı	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 EII ED NAM		•	•		2	Filer ID	(Ethics Commissi	on Filers)		
_	Sch: 16/16 Rpt: 37/38		n Mitchell (Mr.)				3	00088078	(Ethics Commissi	0111 11013)		
1	Date	5 Payee name										
•	12/16/2024	WINRED	;									
_												
6	Amount (\$)	7 Payee addre	•	State; Zip Co	ode							
	\$2,454.62	1776 WILS	ON BLVD									
		STE 530										
		ARLINGTO	N, VA 22219									
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description						
	OF EXPENDITURE	Fees						ide of Texas. Com				
						<b>—</b>		, officeholder living				
						CREDIT CAR	(D	PROCESSII	NG FEES			
_					<u> </u>							
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld			
	Date	Payee name	1									
	12/23/2024	WINRED										
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode							
	\$310.28	1776 WILS	ON BLVD									
		STE 530										
		ARLINGTO	N, VA 22219									
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description						
	OF EXPENDITURE	Fees	·	,		Check if travel	outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITORE					_		, officeholder living				
						CREDIT CAR	RD	PROCESSII	NG FEES			
					<u> </u>							
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld			
	Date	Payee name	1									
	12/02/2024	YELLOW [	OOR STORAGE - L	ANTANA								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode							
	\$178.00	2001 E HI	CKORY RD									
		ARGYLE,	ΓX 76226									
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description						
	OF EXPENDITURE	Office Ove	rhead/Rental Expens	е				ide of Texas. Com				
	LXI LINDITORL							, officeholder living	expense			
						STORAGE F	AC	ILIIY				
	0 1. 0				Ļ							
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld			
		-										

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 38/38 Little, Jason Mitchell (Mr.) 00088078 Date Payee name 12/13/2024 **ALEXAN WATERLOO** 6 Amount (\$) Payee address; City; State; Zip Code 700 E 11TH ST \$1,753.59 Reimbursement from political contributions intended Х AUSTIN, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF X Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE RENT** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH