CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Comm 00088078		2 Total pages	s filed: 57
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Jason Mitchell			Date Received	
						CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	MCRIVAINE	Little		30111X		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
MAILING	2841 Seven Shields Lane				Receipt #	Amount
ADDRESS						
Change of Address	Lewisville, TX 75056				Date Processed	I
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mrs.	Caitlyn B.				
	NICKNAME	LAST		SUFFIX		
		Tortorici				
C CAMPAICN	CTDEET ADDDESS (NO DO	DOV DI EACE).	AD	T / CLUTE #: CITY	<i></i>	2TATE: 71D CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO 421 Office Park Drive	BOX PLEASE);	AP	T / SUITE #; CIT`	Υ; S	STATE; ZIP CODE
ADDRESS	421 Office Park Drive					
(Residence or Business)	Mountain Drack At 25222					
	Mountain Brook, AL 35223	i				
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER PHONE	(205) 440-2873					
8 REPORT TYPE		-			_	
ITPE	January 15	30th day before	election	Runoff		campaign treasurer officeholder only)
	X July 15	8th day before	election	Exceeded modified	_	Attach C/OH-FR)
		_		reporting limit	<u> </u>	
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	l ∐ ^{Pi}	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	IT (if known)	
	State Representative Distr	ict 65				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 57

13 C / OH NAME	Little, Jason Mitchell	(The Honorable)	Ethics Commission File	rs)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES, LOANS,			
TOTALS	\$ 0	.00				
	S)	\$ 196,985	.00			
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 88,583	.59	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 214,550	.50	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 125,000	.00	
17 AFFIDAVIT						
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		The Honor	able Jason Mitchell Li	ttle		
		Signature of	f Candidate or Officehold	der		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
of, 20, to certify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			JVER 3H	3 of 57
18 FILER NAM Little, Jas	ME on Mitchell (The Honorable)	19 Filer ID 00088078	(Ethics Comr	nission Filers)
	E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	196,985.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4. SCHEDULE E: LOANS				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	68,741.65
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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	19,841.94
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	143.00

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/57		
2	FILER NAME Little, Jason	Mitchell (The Honorable)			3	Filer ID (Ethics Commission 00088078	on Filers)	
4	Date 06/30/2025	ABUSAAD, NAZEH	ate PAC (ID#:		7	Amount of Contribution (\$)	\$200.00	
_		RICHARDSON, TX 75082	1-					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Date 06/27/2025	Full name of contributor out-of-st ADAMS, WILL Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	TRIAL LAW			SELF EMPLOYED	,			
	Date 06/26/2025	Full name of contributor out-of-st ANDRO, RICHARD Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	DALLAS, TX 75220 pation / Job title (See Instructions)		Employer (See Instructions				
		OPERTY TAX CONSULTANT		BRENTWOOD CONSU		NG COMPANY		
	Date 06/27/2025	BAKER, JOSEPH)		Amount of Contribution (\$)	\$100.00	
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions SCHEEF & STONE, LLI				
	Date 06/30/2025	Full name of contributor out-of-st BENNETT, MONTGOMERY Contributor address; City; State; Zip Cod DALLAS, TX 75254	ate PAC (ID#:			Amount of Contribution (\$)	\$2,000.00	
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions ASHFORD HOSPITALI		TRUST		
			'					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/57	
2	FILER NAME Little, Jason	Mitchell (The Honorable)		3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:_ BRUCE, ROBERT 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
•	Dringing occur	BOERNE, TX 78006	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ CARRINGTON, HENRY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	BARTONVILLE, TX 76226 pation / Job title (See Instructions)	Employer (See Instructions)		
	RETIRED	pation 7 005 title (See manuellons)	RETIRED	,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ CARTER, JEFFREY Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		STREETMAN, TX 75859				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ CHALAKI, SHAHED Contributor address; City; State; Zip Code CARROLLTON, TX 75006			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ CHESHIRE, CARY Contributor address; City; State; Zip Code BENBROOK, TX 76116			Amount of Contribution (\$)	\$50.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions CHESHIRE INDUSTRIE			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/57		
2	FILER NAME Little, Jason	Mitchell (The Honorable)			3	Filer ID (Ethics Commission 00088078	on Filers)	
4	Date 06/25/2025	COWLING, MARTY	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00	
8		FAIRVIEW, TX 75069 pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 06/30/2025	Full name of contributor Contributor Contributor address; City; State; 2	out-of-state PAC (ID#:	RETIRED)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 06/30/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$9,000.00	
	Principal occu RETIRED	PLANO, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 06/30/2025	Full name of contributor GORE, REX Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,000.00	
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions CLEANSCAPES)			
	Date 06/30/2025	Full name of contributor GRAVELY, MARC Contributor address; City; State; 2	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED)			
			•					

	MONEI	ARY POLITICAL CONTRIBU	SCHEDULE A1	
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/57
2	FILER NAME	Mikaball (Tha Hayayahla)		3 Filer ID (Ethics Commission Filers)
		Mitchell (The Honorable)		00088078
4	Date 06/23/2025	 Full name of contributor	C (ID#:)	7 Amount of Contribution (\$) \$5,500.00
8	Principal occu	CASTLE HILLS, TX 78213 pation / Job title (See Instructions)	9 Employer (See Instructions)
Ü	ATTORNEY	salon 7 cos dae (See Instructions)	HILL LAW FIRM)
	Date 06/24/2025	Full name of contributor out-of-state PAG KALBFLEISCH, CARL Contributor address; City; State; Zip Code	SC (ID#:)	Amount of Contribution (\$) \$50.00
		DENISON, TX 75020		
	Principal occu IT	pation / Job title (See Instructions)	Employer (See Instructions DTCC)
	Date 06/30/2025	Full name of contributor out-of-state PAG KOEBELE, STEPHEN Contributor address; City; State; Zip Code	.C (ID#:)	Amount of Contribution (\$) \$500.00
		AUSTIN, TX 78701		
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	ATTORNEY		LAW OFFICE OF STEV	
	Date 06/23/2025	Full name of contributor out-of-state PAG LAHOOD, MARC Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	SC (ID#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions LAHOOD LAW PLLC)
	Date 06/23/2025	Full name of contributor out-of-state PAG LOEWY, ADAM Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$20,000.00
	Principal occu ATTORNEY	AUSTIN, TX 78731 Dation / Job title (See Instructions)	Employer (See Instructions LOEWY LAW FIRM)

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/57		
2	FILER NAME Little, Jason	Mitchell (The Honorable)			3	Filer ID (Ethics Commission 00088078	on Filers)	
4	Date 06/27/2025	MAGNO, ROY	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	COPPELL, TX 75019 pation / Job title (See Instructions)	9	Employer (See Instructions				
Ŭ	PARTNER	pation / oob title (occ motitudions)		T. WILSON	,			
	Date 06/27/2025	MALLOY, FLORY Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	HOMEMAKE			HOMEMAKER				
	Date 06/26/2025	Full name of contributor out-of MALONE, JIM Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$500.00	
		LEWISVILLE, TX 75057						
	Principal occu OWNER	pation / Job title (See Instructions)		Employer (See Instructions ENVIROSERVE)			
	Date 06/29/2025	MCCARTY, FRED	-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu REAL ESTA	pation / Job title (See Instructions) TE		Employer (See Instructions SELF EMPLOYED)			
	Date 06/27/2025	Full name of contributor out-of MCCOMAS Jr., ANDREW Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu ACCOUNTA	pation / Job title (See Instructions) NT		Employer (See Instructions SELF EMPLOYED)			
			1					

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/57	
2	FILER NAME Little, Jason	Mitchell (The Honorable)			3	Filer ID (Ethics Commission 00088078	n Filers)
4	Date 06/30/2025	Full name of contributor MORRISON, JOSEPH Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	DALLAS, TX 75229 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	ATTORNEY	pation / cob tale (coe mondono)		MULLEN & MULLEN LA		FIRM	
	Date 06/30/2025	Full name of contributor MULLEN, SHANE Contributor address; City; Stat)		Amount of Contribution (\$)	\$3,000.00
		DALLAS, TX 75205					
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions MULLEN & MULLEN LA		FIRM	
	Date 06/26/2025	Full name of contributor NEAL, MICHAEL Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	SR. MGR CY	YBERSECURITY		TRINITY RIVER AUTHO		ITY	
	Date 06/30/2025	Full name of contributor RHODES, FRAN Contributor address; City; Stat KELLER, TX 76244	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) , NON PROFIT		Employer (See Instructions TRUE TEXAS PROJEC			
	Date 06/26/2025	Full name of contributor RICE, WILLIAM Contributor address; City; Stat CARROLLTON, TX 75007	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE /		
	The Instru	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/57		
2	FILER NAME Little, Jason	Mitchell (The Honorable)			3	Filer ID (Ethics Commission 00088078	n Filers)	
4	Date 06/23/2025	 Full name of contributor out-of-state PAC (ID#:_ROCHA, KRISTINA Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	PILOT POINT, TX 76258 pation / Job title (See Instructions)	9	Employer (See Instructions) 			
		CLIENT SUCCESS		VISION2REALITY	''			
	Date 06/30/2025	Full name of contributor				Amount of Contribution (\$)	\$500.00	
		CEDAR HILL, TX 75104			Ĺ			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: ROSE REVOCABLE TRUST Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		PLANO, TX 75093						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ RUSSO, CHRISTOPHER Contributor address; City; State; Zip Code EL LAGO, TX 77586				Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions STRONG BORDERS FO		NDATION		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ SAFDARIAN, NASTARAN Contributor address; City; State; Zip Code DALLAS, TX 75230				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/57		
2	FILER NAME Little, Jason	Mitchell (The Honorable)			3	Filer ID (Ethics Commission 00088078	on Filers)	
4	Date 06/27/2025	5 Full name of contributor SHAW, RANDY6 Contributor address; City; States	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	SPRING, TX 77386 pation / Job title (See Instructions	9	Employer (See Instructions	 			
	RETIRED	panon, oos ans (oos menasasis		RETIRED	-,			
	Date 06/30/2025	Full name of contributor SHIELDS, ROBERT Contributor address; City; St	out-of-state PAC (ID#:atte; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00	
		HEATH, TX 75032						
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	s)			
	Date 06/27/2025	Full name of contributor SIMMONS, CARRIE Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00	
		AUSTIN, TX 78701						
	Principal occu LOBBYIST	pation / Job title (See Instructions		Employer (See Instructions TEXAS LOBBY PARTN	•	es .		
	Date 06/29/2025	Full name of contributor SPAIN, KIM Contributor address; City; St. GRANBURY, TX 76048	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu RETIRED	pation / Job title (See Instructions		Employer (See Instructions RETIRED	5)			
	Date 06/26/2025	Full name of contributor SPARKS, JACOB Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$250.00	
	Principal occu ATTORNEY	pation / Job title (See Instructions		Employer (See Instructions NELSON MULLINS RIL		AND SCARBOROUGH L	LP	
			1					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/57
2	FILER NAME	Mitchell (The Honorable)		3	Filer ID (Ethics Commission Filers) 00088078
_				Ļ	
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#: STANTON, JAMES)	′	Amount of Contribution (\$) \$1,000.00
		6 Contributor address; City; State; Zip Code			
		DALLAS, TX 75225			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date	Full name of contributor			Amount of Contribution (\$)
	06/30/2025	TEXANS FOR TRUTH & LIBERTY PAC)		\$100,000.00
	00/00/2020	Contributor address; City; State; Zip Code			4100,000.00
		Continuator address, City, State, Zip Code			
		AUSTIN, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()	
	Date	Full name of contributor			Amount of Contribution (\$)
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 TEXANS UNITED FOR A CONSERVATIVE MAJORITY			\$5,000.00	
Contributor address; City; State; Zip Code		-		Ψ0,000.00	
		VICTORIA TV 77001			
	Dringing Cook	VICTORIA, TX 77901 pation / Job title (See Instructions)	Employer (See Instructions	<u>, </u>	
	Principal occu	Jalion / Job title (See Instructions)	Employer (See Instructions	')	
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025	TEXAS GUN RIGHTS PAC			\$250.00
		Contributor address; City; State; Zip Code			
		WEATHERFORD, TX 76066			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)	
	Date	Full name of contributor			Amount of Contribution (\$)
	06/30/2025	TEXAS TRIAL LAWYERS ASSOCIATION PAC	J		\$20,000.00
	00/00/2020	Contributor address; City; State; Zip Code			420,000.00
		AUSTIN, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
				,	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/57		
2	FILER NAME Little, Jason	Mitchell (The Honorable)		3	Filer ID (Ethics Commission 00088078	on Filers)
4	Date 06/27/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$50.00
•	Dringing occur	ANTIOCH, CA 94509	Employer (See Instructions			
8	•	pation / Job title (See Instructions) ENGINEER	9 Employer (See Instructions) ELECTRONIC ARTS)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2025 THORSETH, VIENNA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	NEW BRAUNFELS, TX 78130 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	IT ANALYST AHS		,			
Date 06/28/2025		Full name of contributor out-of-state PAC (ID#:) WALLACE, BONNIE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		LLANO, TX 78643				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	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 ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions WATTS LAW FIRM LLP			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_YARBROUGH, JACE Contributor address; City; State; Zip Code SANGER, TX 76266			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED)		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			_
1	Total pages Schedule F1: Sch: 1/41 Rpt: 14/57	2 FILER NAME Little, Jason Mitchell (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088078	
4	Date 01/09/2025	5 Payee name 34TH STREET CAFE	
6	Amount (\$) \$2,993.19	7 Payee address; City; State; Zip Code 1005 W 34TH ST AUSTIN, TX 78705	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/17/2025	34TH STREET CAFE	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,551.23	1005 W 34TH ST	
		AUSTIN, TX 78705	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	02/05/2025	ALEKSANDER GALLERY	
	Amount (\$) \$856.91	Payee address; City; State; Zip Code 1803 NORTHRIDGE DR	
		AUSTIN, TX 78723	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES	
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held	
_			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/41 Rpt: 15/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/01/2025	AMAZON
6	Amount (\$) \$42.69	7 Payee address; City; State; Zip Code 410 TERRY AVE
Ļ		SEATTLE, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2025	AMAZON
	Amount (\$) \$45.89	Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2025	AMAZON
	Amount (\$) \$149.44	Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (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 Commissi	on Filers)
Sch: 3/41 Rpt: 16/57 Little, Jason Mitchell (The Honorable)	on i licis)
4 Date 5 Payee name	
01/03/2025 AMAZON	
6 Amount (\$) 7 Payee address; City; State; Zip Code \$635.96 410 TERRY AVE	
\$ 120 121WW 7W 2	
SEATTLE, WA 98109	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF	
EXPENDITURE Office Overnead/Rental Expense	
Check if Austin, TX, officeholder living expense OFFICE EQUIPMENT	
OT THE EQUIL MENT	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/09/2025 AMAZON	
Amount (\$) Payee address; City; State; Zip Code	
\$35.71 410 TERRY AVE	
SEATTLE, WA 98109	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense OFFICE SUPPLIES	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/09/2025 AMAZON	
Amount (\$) Payee address; City; State; Zip Code	
\$35.71 410 TERRY AVE	
SEATTLE, WA 98109	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas Complete Schedule Tex	
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
OFFICE SUPPLIES	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 4/41 Rpt: 17/57	2 FILER NAME Little, Jason Mitchell (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088078
4	Date	5 Payee name	
	01/09/2025	AMAZON	
6	Amount (\$) \$28.12	7 Payee address; City; State; Zip Code 410 TERRY AVE	
_		SEATTLE, WA 98109	
8	PURPOSE OF EXPENDITURE	Office Overficaci Experise	utside of Texas. Complete Schedule T. TX, officeholder living expense PLIES
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/09/2025	AMAZON	
	Amount (\$) \$53.14	Payee address; City; State; Zip Code 410 TERRY AVE	
		SEATTLE, WA 98109	
	PURPOSE OF EXPENDITURE	Office Overficad/Northal Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense PLIES
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Payee name	
	01/09/2025	AMAZON	
	Amount (\$) \$60.32	Payee address; City; State; Zip Code 410 TERRY AVE	
		SEATTLE, WA 98109	
	PURPOSE OF EXPENDITURE	Onice Overhead/Nertial Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense PLIES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Salaries/	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	ove)
_	T. 1 01 11 F4	. ======					1_	E'I 15	(Elle) - 0	·
1	Total pages Schedule F1: Sch: 5/41 Rpt: 18/57		∟ n Mitchell (The Hoi	norable)			3	Filer ID 00088078	(Ethics Commiss	ion Filers)
4	<u> </u>		-	•			<u> </u>			
4	Date	5 Payee name	9							
	01/09/2025	AMAZON								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$28.12	410 TERR	Y AVE							
		CEATTLE	WA 00100							
		SEATTLE,	WA 98109							
8	PURPOSE	(a) Category (See Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expe			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					\Box		officeholder living	j expense	
						OFFICE SUF	PPL	IES		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	H			J					
_		Г								
	Date	Payee name	Э							
	01/09/2025	AMAZON								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$62.15	410 TERR	Y AVE							
	77-1-0									
		SEATTLE,	WA 98109							
	PURPOSE	(a) Category (See Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse				de of Texas. Com		
	EXPENDITORE					Check if Austin	ı, TX,	officeholder living	j expense	
						OFFICE SUF	PPL	IES		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
\vdash	Date	Dover are	`							
		Payee name	2							
	01/11/2025	AMAZON								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$70.35	410 TERR	Y AVE							
		SEATTLE.	WA 98109							
		SEATTLE,	VVA 90109							
	PURPOSE OF	1	See Categories listed at the t		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expe	nse					plete Schedule T.	
								officeholder living	j expense	
						OFFICE EQU	אונ	IVIEN I		
L					\bot					
	Complete ONLY if direct		ficeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	H								

SCHEDULE F1

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

Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/41 Rpt: 19/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/11/2025	AMAZON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$168.80	410 TERRY AVE
		SEATTLE, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		OFFICE EQUIPMENT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	D-4-	
	Date	Payee name
	01/11/2025	AMAZON
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.97	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
		CITIED SOIT LIES
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/12/2025	AMAZON
	Amount (\$) \$66.51	Payee address; City; State; Zip Code 410 TERRY AVE
	φ00.51	410 TERRY AVE
		CEATHE WA 2010
		SEATTLE, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE EQUIPMENT
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/41 Rpt: 20/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/12/2025	AMAZON
6	Amount (\$) \$162.36	7 Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98109
8	PURPOSE	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE EQUIPMENT
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/12/2025	AMAZON
	Amount (\$) \$55.38	Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2025	AMAZON
	Amount (\$) \$38.94	Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 8/41 Rpt: 21/57	2 FILER NAME Little, Jason Mitchell (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088078
4	Date	5 Payee name	
	01/12/2025	AMAZON	
6	Amount (\$) \$34.61	7 Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98109	
_			
8	PURPOSE OF EXPENDITURE	Onice overnead/tental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense PLIES
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/13/2025	AMAZON	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.29	410 TERRY AVE	
		SEATTLE, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Taylor Complete Calculus T
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		OFFICE EQU	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/13/2025	AMAZON	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.49	410 TERRY AVE	
		SEATTLE, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	2/11/2/10/12		TX, officeholder living expense
		OFFICE SUP	FLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinco Holu

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/41 Rpt: 22/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/13/2025	AMAZON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.33	410 TERRY AVE
		SEATTLE, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Power name
	01/13/2025	Payee name AMAZON
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.11	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
		STRICE GOTT EILEG
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	01/13/2025	AMAZON
	Amount (\$)	
	\$84.40	Payee address; City; State; Zip Code 410 TERRY AVE
	φ04.40	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/41 Rpt: 23/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/13/2025	AMAZON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.78	410 TERRY AVE
		SEATTLE, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/15/2025	AMAZON
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.12	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/22/2025	AMAZON
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.54	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
		OFFICE SOFF EIES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/41 Rpt: 24/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/22/2025	AMAZON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.41	410 TERRY AVE
		SEATTLE, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
		STRICE GOTT EILES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/26/2025	AMAZON
H	Amount (\$)	Payee address; City; State; Zip Code
	\$93.56	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	01/26/2025	AMAZON
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$27.98	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
		OFFICE SUFFEIES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

ent Solicitation/Fundraising Expense
Fransportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/41 Rpt: 25/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	02/13/2025	AMAZON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.16	410 TERRY AVE
		SEATTLE, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
		611162 6611 2126
9	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
ľ	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
L	02/24/2025	AMAZON
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.29	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
		OFFICE SOFFEILES
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
	Date	Payee name
	03/19/2025	AMAZON
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.28	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	·

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/41 Rpt: 26/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	03/24/2025	AMAZON
6	Amount (\$) \$39.36	7 Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2025	AMAZON
	Amount (\$) \$220.92	Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2025	AMAZON
	Amount (\$) \$30.05	Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/41 Rpt: 27/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	04/08/2025	AMAZON
6	Amount (\$) \$152.92	7 Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2025	AMAZON
	Amount (\$) \$120.61	Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2025	AMAZON
	Amount (\$) \$135.31	Payee address; City; State; Zip Code 410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Vages	s/Contract Labor		OTHER (enter a	category not listed abo	ove)
L		-		ide explains how to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 15/41 Rpt: 28/57	Little, Ja	ason Mitchell (The H	onorable)				00088078		
4	Date	5 Payee n	ame				•			
	04/09/2025	AMAZC								
Ļ				Ot-1 7:- 0	1 .					
l٥	Amount (\$)	7 Payee a		State; Zip Co	oae					
	\$42.96	410 IEI	RRY AVE							
l		SEATT	LE, WA 98109							
8	PURPOSE	(a) Category	/ (2 2 2 1 1 1 1 1 1 1		(b)	Description				
ľ	OF		(See Categories listed at the everage Expense	e top of this schedule)	(~)	_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	F000/D0	everage Expense					officeholder living		
						FOOD / BEVI	ER	AGE		
9	Complete ONLY if direct	Candidate	/Officeholder name	Office sou	ıaht			Office he	əld	
ľ	expenditure to benefit C/OI		, omeendaer name	Office 300	igiit			Onicen	Sid	
┕		т								
	Date	Payee n	ame							
	04/18/2025	AMAZC	N							
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode					
	\$108.12	410 TE	RRY AVE							
		CEATT	LE, WA 98109							
L										
	PURPOSE OF		(See Categories listed at th		(b)	Description				
	EXPENDITURE	Office C	verhead/Rental Exp	ense		=		de of Texas. Com officeholder living	plete Schedule T.	
						OFFICE SUP			g expense	
						OFFICE 30F	' -	ileo		
L			(a.f., 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Office sou	ignt			Office h	eid	
	experience to benefit of or	•								
	Date	Payee n	ame							
	04/29/2025	AMAZC	N							
H	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode					
	\$19.47	1	RRY AVE	Ototto, 2.p 0	,					
	Ψ10.41	710 12	W. T. T. C.							
		SEATTI	LE, WA 98109							
	PURPOSE	(a) Category	/ (See Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office C)verhead/Rental Exp	ense					plete Schedule T.	
	LAFENDITORE							officeholder living	g expense	
						OFFICE SUP	PL	IES		
L		<u> </u>			L					
Γ	Complete ONLY if direct		/Officeholder name	Office sou	ıght			Office h	eld	
ĺ	expenditure to benefit C/OI	Н								
H										
ı										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/41 Rpt: 29/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	04/29/2025	AMAZON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.46	410 TERRY AVE
		SEATTLE, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Davisa nama
	05/10/2025	Payee name AMAZON
	Amount (\$)	Payee address; City; State; Zip Code
	\$329.32	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	05/11/2025	AMAZON
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.45	410 TERRY AVE
		SEATTLE, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_								
	Sch: 17/41 Rpt: 30/57	Little, Jason Mitchell (The Honorable) 00088078									
4	Date	5 Payee name									
	04/02/2025	CAROLINE RESTAURANT									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$284.90	621 CONGRESS AVE									
		AUSTIN, TX 78701									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Food/Beverage Expense									
	-	Check if Austin, TX, officeholder living expense FOOD / BEVERAGE									
		TOOD / BEVENAGE									
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
9	expenditure to benefit C/O										
	Date	Payee name									
	04/03/2025	CASA OF DENTON COUNTY									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,012.50	614 N BELL AVE									
		DENTON, TX 76209									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee									
		Candidate/Officeholder/Political Committee									
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_								
	expenditure to benefit C/O										
	Data	Davis value	_								
	Date 04/30/2025	Payee name CASA OF DENTON COUNTY									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$200.00	614 N BELL AVE									
		DENTON, TX 76209									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations									
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense SPONSORSHIPS									
		SI GNOCKOLIFO									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_								
	expenditure to benefit C/O										

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/41 Rpt: 31/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	03/11/2025	CHICK-FIL-A
6	Amount (\$) \$1,222.68	7 Payee address; City; State; Zip Code 503 W MARTIN LUTHER KING JR BLVD AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	CLARK, JEAN
	Amount (\$) \$759.93	Payee address; City; State; Zip Code 213 AERONCA DR ROCKWALL, TX 75087
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SECURITY EQUIPMENT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	CLAYTON SPANGLER PHOTOGRAPHY
	Amount (\$) \$649.00	Payee address; City; State; Zip Code 235 POINT LICK DR
		CHARLESTON, WV 25306
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PHOTOGRAPHY
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							Travel Out of District OTHER (enter a category not listed above)				
		_			uon Guide ex	xpiains h	iow to co	mple	ete uns form.	_				
1	Total pages Schedule F1:	2								3			(Ethics Commission Filers)	
	Sch: 19/41 Rpt: 32/57	_	Little, Jasor	n Mitchell (The Honor	rable)					088000)78		
4	Date	5	Payee name		_									
L	01/13/2025	L	COSTCO V	VHOLESA	LE									
6	Amount (\$)	7	Payee addre	ss; City	;	State;	Zip Co	de						
	\$280.98		4301 W WI	LLIAM CA	NON DR									
			S AUSTIN,	TX 78749										
8	PURPOSE	(a)	Category (S	ee Categories li	sted at the ton o	of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Food/Bever				,		Check if travel	outsi	de of Texas	s. Com	plete Schedule T.	
	EXPENDITURE			5 1-5-					Check if Austin			er living	g expense	
									FOOD / BEV	ΈR	AGE			
9	Complete ONLY if direct		Candidate/Off	ceholder na	me	0	ffice sou	ght			Offi	ce he	eld	
	expenditure to benefit C/OI	Н												
	Date		Payee name											
	01/13/2025		COSTCO V	VHOLESA	LE									
	Amount (\$)	Т	Payee addre	ss; City	· 1	State;	Zip Co	de						
	\$130.00		4301 W WI	LLIAM CA	NON DR									
			S AUSTIN,	TX 78749										
	PURPOSE	(a)	Category (S		stad at the ten	of this cobo	odulo)	(b)	Description					
	OF	 ` `'	Office Over				uule)	()	_	outsi	de of Texas	s. Com	plete Schedule T.	
	EXPENDITURE		JIIICE OVEI	nouu/Nem	ai Expense	C			Check if Austin					
									MEMBERSH	IIP I	DUES			
	Complete ONLY if direct	. (Candidate/Off	ceholder na	me	0	ffice sou	ght			Offi	ce he	eld	
	expenditure to benefit C/OI	Н												
F	Date		Payee name											
	02/10/2025		COSTCO V	VHOLESA	LE									
-	Amount (\$)	┝	Payee addre			Stato	Zip Co	de						
	(· <i>)</i>		•				Zip C0	ue						
	\$138.21		4301 W WI	LLIAW CA	AIAOIA DK									
			S AUSTIN,	TX 78749										
	PURPOSE	(a)	Category (S	ee Categories li	sted at the top o	of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age Exper	ise				<u></u>				plete Schedule T.	
									Check if Austin			er living	g expense	
									FOOD / BEV	⊏K	AGE			
	Complete ONLY if divert	Ц	Candidate/Off	aahaldar z	mo		effice so:	abt			O#:	ce he	7ld	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Off	cenoluer na	iii e	U	ffice sou	yrıl			OITI	ce ne	s iu	
_														

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/41 Rpt: 33/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/31/2025	CROSBY OTTENHOFF GROUP
6	Amount (\$) \$2,467.50	7 Payee address; City; State; Zip Code 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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2025	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,065.92	421 OFFICE PARK DR
		MOUNTAIN BROOK, AL 35223
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING / SUPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payeo namo
	03/17/2025	Payee name CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,116.25	421 OFFICE PARK DR
		MOUNTAIN BROOK, AL 35223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/Of	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/41 Rpt: 34/57 Little, Jason Mitchell (The Honorable) 00088078 4 Date Payee name 04/18/2025 **CROSBY OTTENHOFF GROUP** 6 Amount (\$) Payee address; City; State; Zip Code \$1,175.00 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223 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. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/19/2025 **CROSBY OTTENHOFF GROUP** Amount (\$) Payee address; State; Zip Code City; \$1,821.25 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/18/2025 **CROSBY OTTENHOFF GROUP** Amount (\$) Payee address: City; State; Zip Code \$1,645.00 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica		mmittee	Legal Sen	vices	expense	Salaries/V		e /Contract Labor			HER (enter a		not listed above)	
	Credit Card Payment			The Inst	truction Gui	ide explains	s how to co	mple	te this form.	_					
1	Total pages Schedule F1:	2	FILER NAME							3	File	er ID	(Ethic	s Commission File	ers)
	Sch: 22/41 Rpt: 35/57		Little, Jasor	Mitche	ell (The Ho	onorable)					00	088078			
4	Date	5	Payee name												
	03/15/2025		CROWNE F	PLAZA	HOUSTO	N MED C	ENTER								
6	Amount (\$)	7	Payee addres	ss; (City;	State	e; Zip Co	ode							
	\$751.36		2712 SW F	WY											
			HOUSTON,	TX 77	098										
8	PURPOSE	(2)						(h)	Description						
Ü	OF	(4)	Category _{(Se}		ies listed at the	e top of this so	chedule)	(5)	Check if travel	l outsi	ide o	f Texas. Con	plete Sch	nedule T.	
	EXPENDITURE		OTTIER	/ \ V L L					Check if Austin	n, TX	, offic	eholder livin	g expense	e	
									LODGING						
9	Complete ONLY if direct		Candidate/Offi	ceholde	r name		Office sou	ıght				Office h	eld		
	expenditure to benefit C/OI	Н													
	Date		Payee name												
	04/08/2025		DALLAS CO	YTNUC	REPUBL	ICAN PA	RTY								
	Amount (\$)	T	Payee addres	ss; (City;	State	e; Zip Co	ode							
	\$5,000.00		11617 N CE	ENTRAI	L EXPY										
			STE 240												
			DALLAS, T	X 7524	3										
	PURPOSE	(a)	Category (Se	o Cotogo	ing lighted at the	a ton of this or	shadula)	(b)	Description						
	OF	``	Contribution				riedule)	(-,	Check if travel	l outsi	ide o	f Texas. Con	plete Sch	nedule T.	
	EXPENDITURE		Candidate/0			,	mittee		Check if Austin	n, TX	, offic	eholder livin	g expense	2	
									SPONSORS	SHIF	PS				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholde	r name		Office sou	ıght				Office h	eld		
	experiorare to berieff C/O	П													
	Date		Payee name												
	06/06/2025		DENTON C	OUNT	Y REPUBI	LICAN PA	ARTY								
	Amount (\$)		Payee addres	ss; (City;	State	e; Zip Co	ode							
	\$500.00		2921 COUN	ITRY C	LUB RD										
			STE 102												
			DENTON, T	X 7621	LO										
	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	e top of this so	chedule)	(b)	Description						
	OF EXPENDITURE		Contribution	ns/Dona	ations Mad	de By			Check if travel						
	EXPENDITORE		Candidate/0	Officeho	older/Politi	ical Comi	mittee		Check if Austin		, offic	eholder livin	g expense)	
									DONATIONS	S					
								L							
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholde	r name		Office sou	ıght				Office h	eld		
		•													

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total name Oct. 11. 51	
1 Total pages Schedule F1: Sch: 23/41 Rpt: 36/57	2 FILER NAME Little, Jason Mitchell (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088078
4 Date 06/19/2025	5 Payee name DENTON COUNTY REPUBLICAN PARTY
6 Amount (\$) \$210.00	7 Payee address; City; State; Zip Code 2921 COUNTRY CLUB RD STE 102 DENTON, TX 76210
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee DONATIONS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATIONS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/10/2025	DEVINE PROMOTIONS & PRINTING, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$70.21	5411 BROOKGLEN DR
	STE B
	HOUSTON, TX 77017
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
	T KINY ING / T GST/NGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/10/2025	DEVINE PROMOTIONS & PRINTING, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$187.38	5411 BROOKGLEN DR
	STE B
	HOUSTON, TX 77017
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
	Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
	PRINTING / POSTAGE
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee 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 FILER NAM	E				3	Filer ID	(Ethics Commiss	sion Filers)	
	Sch: 24/41 Rpt: 37/57	Little, Jaso	n Mitchell (The Hond	orable)				00088078			
4	Date	5 Payee name)								
	01/01/2025	DIETZEL,	JEFF								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode						
	\$1,000.00	3711 HAR	PERS FERRY LN								
		AUSTIN, T	X 78749								
8	PURPOSE OF		See Categories listed at the top		(b)	Description					
	EXPENDITURE	Office Ove	rhead/Rental Expens	se		=		, officeholder livin	nplete Schedule T. Die expense		
						RENT			5 - 1		
9	Complete ONLY if direct		ficeholder name	Office sou	ught			Office h	eld		
	expenditure to benefit C/OI	1									
	Date	Payee name)								
	05/28/2025	DIETZEL,	JEFF								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode						
	\$875.00	3711 HAR	PERS FERRY LN								
		AUSTIN, T	X 78749								
	PURPOSE OF		See Categories listed at the top		(b)	Description					
	EXPENDITURE	Office Ove	rhead/Rental Expens	se		_		ide of Texas. Con , officeholder livin	nplete Schedule T. Die expense		
						RENT	,	, cinconcider name	g oxponed		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office h	eld		
	expenditure to benefit C/OI	H									
	Date	Payee name)								
	04/08/2025	DRINK LM	NT INC								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode						
	\$234.91	1150 CEN	TRAL AVE								
		NAPLES, F	L 34102								
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Beve	rage Expense						nplete Schedule T.		
						FOOD / BEVI		, officeholder living	g expense		
						I OOD / BEVI	∟ҡ	AGL			
\vdash	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	l Jaht			Office h	eld		
	expenditure to benefit C/OI			311100 300	y			J.1100 11			
\vdash											
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	
1 Total pages Schedule F1:	
1 Total pages Schedule F1: Sch: 25/41 Rpt: 38/57	2 FILER NAME Little, Jason Mitchell (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088078
4 Date 01/02/2025	5 Payee name GIDEONS 300 BAMN
6 Amount (\$) \$5,500.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MANAGEMENT CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 05/27/2025	Payee name GIDEONS 300 BAMN
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MANAGEMENT CONSULTING
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 06/02/2025	Payee name GIDEONS 300 BAMN
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD 744-244 FLOWER MOUND, TX 75028
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MANAGEMENT CONSULTING
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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			se s/Contract Labor		OTHER (enter a	strict category not listed a	bove)
			The Instruction Guide	e explains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	ME				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 26/41 Rpt: 39/57	Little, Jas	on Mitchell (The Hor	norable)				00088078		
4	Date	5 Payee nam	ne							
	04/03/2025	GODADD								
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	nde					
٠	\$242.54	1	ODADDY WAY	State, Zip Ct	ouc					
	Ψ242.34	2133 L G	ODADDI WAT							
		TEMPE, A	AZ 85284							
8	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ov	erhead/Rental Expe	nse					plete Schedule T.	
						\Box		officeholder living	g expense	
						WEB SERVIO	JE			
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ught			Office h	eld	
	experiulture to beriefit G/OI	1								
	Date	Payee nam	ne							
	03/10/2025	HEB								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$133.49	2652 LAK	E AUSTIN BLVD							
		ALICTINI	TV 70702							
		AUSTIN,			1					
	PURPOSE OF	l	(See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Food/Bev	erage Expense					de of Texas. Com officeholder living	plete Schedule T.	
						FOOD / BEVI			у схрепас	
						. 005 / 52 / .		, 102		
	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	ıaht			Office he	ald	
	expenditure to benefit C/OI		inceriolaer name	Office 300	agrit			Office In	eiu	
		1								
	Date	Payee nan	ne							
	03/14/2025	HEB								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$139.11	2652 LAK	E AUSTIN BLVD							
		AUSTIN,	TX 78703							
	PURPOSE	(a) Category	(See Categories listed at the t	an of this sahadula)	(b)	Description				
	OF		erage Expense	op of this schedule)	(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	1 000,201	orago Exponed			Check if Austin,	, TX,	officeholder living	g expense	
						FOOD / BEVI	ER	AGE		
	Complete ONLY if direct		Officeholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	4								

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)

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: 27/41 Rpt: 40/57	Little, Jason Mitchell (The Honorable)	00088078
4 Date	5 Payee name	·
03/31/2025	HEB	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$154.23	2652 LAKE AUSTIN BLVD	
	AUSTIN, TX 78703	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FOOD / BEVERAGE
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		
Date	Payee name	
02/05/2025	HENDRICKSON, JOSHUA	
Amount (\$)	Payee address; City; State; Zip	Code
\$750.00	9031 CEDAR RIDGE	
	LANTANA, TX 76226	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
_/		CREATIVE DESIGN SERVICES
		CREATIVE DESIGN SERVICES
Complete ONLY if direct	Candidate/Officeholder name Office s	U Office held
expenditure to benefit C/O		
Date	Payee name	
03/06/2025	HENDRICKSON, JOSHUA	
Amount (\$)	Payee address; City; State; Zip	Code
\$750.00	9031 CEDAR RIDGE	
	LANTANA, TX 76226	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		CREATIVE DESIGN SERVICES
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ought 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Pr Sa		ense ages/Cor	ntract Labor t his form.		Travel in District Travel Out of Di: OTHER (enter a		·)
1	Total pages Schedule F1:								Filer ID	(Ethics Commission	Filers)
L	Sch: 28/41 Rpt: 41/57	Little, Jaso	n Mitchell (The Hond	orable)					00088078		
4	Date	5 Payee name	9								
	03/31/2025	HENDRICI	KSON, JOSHUA								
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	Zip Cod	le					
	\$750.00	9031 CED	AR RIDGE								
		LANTANA	TX 76226								
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedul	le) ((b) De	escription				
	OF EXPENDITURE		/Fundraising Expens		,		!			plete Schedule T.	
	EXI ENDITORE					$\overset{\sim}{\Box}$			officeholder living		
						Cl	REATIVE D	וכ⊐י	IGN SEKVI	CES	
_	Complete ONLY if direct	Candidate/Of	finahaldar nama	Off:	00.00:::	ht			Office	ald	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office ————	ce soug	111			Office h	eiu	
	Date	Payee name)								
	04/29/2025	HENDRICI	KSON, JOSHUA								
	Amount (\$)	Payee addre	ess; City;	State; Z	Zip Cod	le					
	\$750.00	9031 CED	AR RIDGE								
		LANTANA	TX 76226								
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedul	le)	(b) De	escription				
	OF EXPENDITURE		/Fundraising Expens				l.			plete Schedule T.	
	ZA ZABITORZ						Check if Austin,				
						CI	REATIVE D	اد⊐ر	IGIN SEKVI	CES	
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	ce soug	ht			Office he	əld	
	expenditure to benefit C/Ol		ncenduci name	Oilic	ue auuy	111			Office III	JIU .	
\vdash	Data	Deves									
	Date 06/02/2025	Payee name	e KSON, JOSHUA								
			<u> </u>	04-1 =	71- 0 1	1-					
	Amount (\$)	Payee addre		State; Z	ip Cod	ie					
	\$750.00	9031 CED	AK KIDGE								
		LANTANA	TX 76226								
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedul	le)	(b) De	escription				
	OF EXPENDITURE		/Fundraising Expens		·		Check if travel o			plete Schedule T.	
	THE LABITORY						Check if Austin,				
						CI	REATIVE D	اد⊐ر	IGIN SEKVI	CES	
	Complete ONLY if direct	Candidata/Of	figobolder name	Off:	00.00:10	ht			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Oilio	ce soug	111			Office h	ziu	

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

y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
· · · · · · · · · · · · · · · · · · ·
2 FILER NAME Little, Jason Mitchell (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088078
5 Payee name
HENDRICKSON, JOSHUA
7 Payee address; City; State; Zip Code 9031 CEDAR RIDGE
LANTANA, TX 76226
(a) Category (See Categories listed at the top of this schedule) (b) Description
Solicitation/Fundraising Expense
Check if Austin, TX, officeholder living expense
CREATIVE DESIGN SERVICES
Candidate/Officeholder name Office sought Office held H
Payee name
HENDRICKSON, LISA
Payee address; City; State; Zip Code
6101 LONG PRAIRIE RD
STE 744-244
FLOWER MOUND, TX 75028
(a) Category (See Categories listed at the top of this schedule) (b) Description Category (See Categories listed at the top of this schedule)
OTHER TRAVEL Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
MILEAGE
Candidate/Officeholder name Office sought Office held
H
Payee name
HOUSE DIGITAL MEDIA
Payee address; City; State; Zip Code
PO POV 2012
PO BOX 2910
PO BOX 2910
AUSTIN, TX 78768
AUSTIN, TX 78768 (a) Category (See Categories listed at the top of this schedule) (b) Description
AUSTIN, TX 78768 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
AUSTIN, TX 78768 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
AUSTIN, TX 78768 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
AUSTIN, TX 78768 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PHOTOGRAPHY
AUSTIN, TX 78768 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PHOTOGRAPHY Candidate/Officeholder name Office sought Office held
AUSTIN, TX 78768 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PHOTOGRAPHY
AUSTIN, TX 78768 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PHOTOGRAPHY Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/41 Rpt: 43/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	04/24/2025	INDUSTRY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$392.92	1211 E 5TH ST
		AUSTIN, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FOOD / BEVERAGE
		, , , , , , , , , , , , , , , , , , , ,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/01/2025	INDUSTRY
H	Amount (\$)	Payee address; City; State; Zip Code
	\$565.08	1211 E 5TH ST
		AUSTIN, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FOOD / BEVERAGE
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	04/30/2025	KINSTA
	Amount (\$)	Payee address; City; State; Zip Code
	\$393.68	8605 SANTA MONICA BLVD #92581
		WEST HOLLYWOOD, CA 90069
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense WEB SERVICE
		WED SERVISE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			egal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	Credit Card Payment		7	he Instruction Gu	ide explains ho	ow to con	nple	te this form.				
1	Total pages Schedule F1:	2 FIL	LER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 31/41 Rpt: 44/57	Lit	ttle, Jason I	Mitchell (The H	onorable)					00088078		
4	Date	5 Pa	ayee name									
	03/12/2025	l		BAPTIST CHUI	RCH							
6	Amount (\$)	7 Pa	ayee address	s; City;	State;	Zip Cod	de					
	\$306.75	39	7 SOUTH	STEMMONS F	WY							
		l ie	-WISVII I F	, TX 75067								
8	PURPOSE						(h)	Description				
ľ	OF			Categories listed at the Categories Ma		lule)	(D)	Description Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE			ficeholder/Poli		tee				officeholder livin		
								SPONSORS	HIP	S		
9	Complete ONLY if direct		ndidate/Office	eholder name	Off	fice souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Pa	ayee name									
	01/01/2025	M.	AILCHIMP									
	Amount (\$)	Pa	ayee address	s; City;	State;	Zip Cod	de					
	\$242.42	40	5 N ANGIE	ER AVE NE								
		AT	TLANTA, G	A 30308								
_	PURPOSE			Categories listed at th	a tan of this ashad	lula)	(b)	Description				
	OF	l	dvertising E		e top of this scried	iule)	()	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	'	avortioning L	жропоо				Check if Austin,	, TX,	officeholder living	g expense	
								EMAIL MARK	(ET	TING		
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	eholder name	Off	fice soug	ght			Office h	eld	
	experiulture to beliefft C/Oi	7										
	Date	Pa	ayee name									
	01/12/2025	MA	AILCHIMP									
	Amount (\$)	Pa	ayee address	; City;	State;	Zip Cod	de					
	\$189.72	40	05 N ANGIE	ER AVE NE								
		АТ	TLANTA, G	A 30308								
	PURPOSE	(a) Ca	ategory (See	Categories listed at th	e top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		dvertising E		·			=			plete Schedule T.	
	LAFENDITORE							_		officeholder living	g expense	
								EMAIL MARK	ŒΙ	ING		
_	Operation ONE V. C. P.		- di-d-+- (0.00	-11-1		e:	lt			0,,,	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		nalaate/Office	eholder name	Off	fice souç	gnt			Office h	eid	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/41 Rpt: 45/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/02/2025	MINMAX, INC.
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 7680 HIDDEN COVE RD BAINBRIDGE ISLAND, WA 98110
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	MINMAX, INC.
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 7680 HIDDEN COVE RD BAINBRIDGE ISLAND, WA 98110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2025	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 33/41 Rpt: 46/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	04/01/2025	MINMAX, INC.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	7680 HIDDEN COVE RD
		BAINBRIDGE ISLAND, WA 98110
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		DIGITAL ADVERTISING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/01/2025	MINMAX, INC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	7680 HIDDEN COVE RD
		BAINBRIDGE ISLAND, WA 98110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		DIGITAL ADVERTISING
		SIGITAL ABOLIATION OF
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	06/02/2025	Payee name MINMAX, INC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	7680 HIDDEN COVE RD
		BAINBRIDGE ISLAND, WA 98110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
		DIGITAL ABVERTISING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
Ļ	Sch: 34/41 Rpt: 47/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date 01/09/2025	5 Payee name MIXTILES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$265.36	1313 N MARKET ST
		STE 5100
		WILMINGTON, DE 19801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2025	MIXTILES
	Amount (\$)	Payee address; City; State; Zip Code
	\$466.29	1313 N MARKET ST
		STE 5100
		WILMINGTON, DE 19801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/02/2025	MIXTILES
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.24	1313 N MARKET ST
		STE 5100
		WILMINGTON, DE 19801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 35/41 Rpt: 48/57	Little, Jason Mitchell (The Honorable)	00088078
4	Date	5 Payee name	
	04/27/2025	MIXTILES	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$228.10	1313 N MARKET ST	
		STE 5100	
		WILMINGTON, DE 19801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		rel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		OFFICE SU	JPPLIES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/01/2025	MIXTILES	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.66	1313 N MARKET ST	
		STE 5100	
		WILMINGTON, DE 19801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Expense	rel outside of Texas. Complete Schedule T.
		OFFICE SU	itin, TX, officeholder living expense
		OTTICE 30	or releas
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
L	01/11/2025	NORTH ITALIA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$441.94	500 W 2ND ST	
		#120	
		AUSTIN, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Ood/Develage Expense	rel outside of Texas. Complete Schedule T.
	-	FOOD / BE	stin, TX, officeholder living expense
		1000766	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/41 Rpt: 49/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
L	02/07/2025	OFFICE DEPOT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.45	6060 LONG PRAIRIE RD
		FLOWER MOUND, TX 75028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE EQUIPMENT
		STITUL EQUIT MENT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/26/2025	PIXEL PRO, L.L.C.
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	5200 WINDHAVEN PKWY
		LEWISVILLE, TX 75056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		AUDIO VISUAL EQUIPMENT RENTAL
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/11/2025	SCHOBER ENTERPRISES, LLC
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$541.25	304 RED TAILED HAWK DR
		PFLUGERVILLE, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IT CONSULTING
		TI CONSOLTING
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awar Legal Se		Expense		Expens Wages			Travel Out o OTHER (ent	f Dist	rict category not listed above)	l
1	Total pages Schedule F1:	2	FILER NAMI	E						3	Filer ID		(Ethics Commission	Filers)
	Sch: 37/41 Rpt: 50/57		Little, Jaso		ell (The Ho	onorable)					0008807	'8		
4	Date 04/11/2025	5	Payee name SCHOBER		RPRISES	II C								
L		-					ı Zin Cı	odo						
ľ	Amount (\$) \$541.25	ľ	Payee addre	-	City;		; Zip C	oue						
	Ψ0+1.20		304 NED 1	/ (ILLD	TI/ WIN DI	`								
			PFLUGER	VILLE,	TX 78660									
8	PURPOSE	(a)	Category (S	See Catego	ries listed at the	e top of this scl	nedule)	(b)	Description					
	OF EXPENDITURE		Consulting	Expens	se				=				lete Schedule T.	
									Check if Austir			iving (expense	
									TI CONCOL		J			
9	Complete ONLY if direct	Ц,	Candidate/Off	iceholde	er name		Office sou	ıaht			Office	e hel	ld	
ľ	expenditure to benefit C/OI							- g						
	Date		Payee name)	<u></u>									
	05/27/2025		SCHOBER	ENTE	RPRISES,	LLC								
	Amount (\$)		Payee addre	ess;	City;	State	; Zip C	ode						
	\$541.25		304 RED T	AILED	HAWK DF	₹								
			PFLUGER'	VILLE,	TX 78660									
	PURPOSE	(a)	Category (S	See Catego	ries listed at the	e top of this scl	nedule)	(b)	Description					
	OF EXPENDITURE		Consulting										lete Schedule T.	
									Check if Austir			iving (expense	
									II CONSOLI	1111	O			
	Complete ONLY if direct		Candidate/Off	iceholde	er name	(Office sou	<u>l</u> ught			Office	e hel	ld	
L	expenditure to benefit C/OI	H												
	Date		Payee name											
	06/11/2025		SCHOBER	ENTE	RPRISES,	LLC								
	Amount (\$)		Payee addre	-	City;		; Zip C	ode						
	\$541.25		304 RED T	AILED	HAWK DF	₹								
			DELLIGED		TV 70000									
		L	PFLUGER											
	PURPOSE OF	(a)	Category (S			e top of this scl	nedule)	(b)	Description Check if travel	outs	ide of Texas (^omn	lete Schedule T.	
	EXPENDITURE		Consulting	Expens	se .				Check if Austin					
									IT CONSULT	TIN	G			
L		L												
	Complete ONLY if direct		Candidate/Off	iceholde	er name	-	Office sou	ught			Office	e hel	d	
	expenditure to benefit C/OI	п												
	rme provided by Tayas E	thic	e Commice	ion	1444	My othics	ctate tv i	IIC.					Version V// 1.0 f	1040f49

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension pat listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/41 Rpt: 51/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	06/26/2025	SCHOBER ENTERPRISES, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,353.21	304 RED TAILED HAWK DR
		PFLUGERVILLE, TX 78660
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		POLITICAL STRATEGY CONSULTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	06/09/2025	SCKOLNICK CPA, HOWARD
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	8203 E SIERRA PINTA DR
		SCOTTSDALE, AZ 85255
	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 ACCOUNTING
		7.00000
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/14/2025	SOJOURN CHURCH
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$264.00	4041 MARSH LN
		CARROLLTON, TX 75007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SECURITY
		SECORIT
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/41 Rpt: 52/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	01/16/2025	TEXAS HOUSE REPUBLICAN CAUCUS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO BOX 13305
L		AUSTIN, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense MEMBERSHIP DUES
		IVILIVIDENSI IIF DOES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	Davies name
	Date	Payee name
	03/19/2025	TEXAS TRUCKING ASSOCIATION
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1103 SABINE ST
		AUSTIN, TX 78701
	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 PARKING
		1740000
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/19/2025	TEXAS TRUCKING ASSOCIATION
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1103 SABINE ST
	Ψ130.00	
		AUSTIN, TX 78701
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		PARKING
	Complete ONLY if alice -t	Condidate/Officeholder name Office equality Office hald
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/41 Rpt: 53/57	Little, Jason Mitchell (The Honorable) 00088078
4	Date	5 Payee name
	03/04/2025	THE ROARING FORK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$316.01	701 CONGRESS AVE
		AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FOOD / BEVERAGE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/24/2025	THRIVE MARKET
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.77	4509 GLENCOE AVE
	,	
		MARINA DEL RAY, TX 90292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
		1 OOD / BEVERAGE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/18/2025	THRIVE MARKET
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.62	4509 GLENCOE AVE
		MARINA DEL RAY, TX 90292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		FOOD / BEVERAGE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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: Sch: 41/41 Rpt: 54/57	2 FILER NAME Little, Jason Mitchell (The Honorable)	Filer ID (Ethics Commission Filers) 00088078
	•		
4	Date	5 Payee name	
	03/24/2025	TRUE TEXAS PROJECT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	1220-G AIRPORT FWY #602	
	• •		
		DEDECED TV 70000	
		BEDFORD, TX 76022	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Bondtions Midde By	tside of Texas. Complete Schedule T.
		Garrandato/ Grinostrolagi/ Grinotal	X, officeholder living expense
		SPONSORSH	IPS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/14/2025	VONLANE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$540.00	330 W MOCKINGBIRD LN	
		DALLAS, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		tside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, T	X, officeholder living expense
		CAR SERVICE	<u> </u>
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	06/30/2025	WINRED	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,487.74	1776 WILSON BLVD	
		STE 530	
		ARLINGTON, VA 22219	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	tside of Texas. Complete Schedule T.
	EXPENDITURE		X, officeholder living expense
		CREDIT CARE	PROCESSING FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 55/57 Little, Jason Mitchell (The Honorable) 00088078 Date Payee name 01/01/2025 **ALEXAN WATERLOO** Payee address; Amount (\$) City; State; Zip Code \$3,413.48 700 E 11TH ST Reimbursement from political contributions Х intended AUSTIN, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE RENT** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2025 **ALEXAN WATERLOO** Amount (\$) Payee address; City; State; Zip Code \$3,259.74 700 E 11TH ST Reimbursement from political contributions Χ AUSTIN, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** RENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2025 **ALEXAN WATERLOO** City; State; Zip Code Amount (\$) Payee address; \$3,409.37 700 E 11TH ST Reimbursement from Χ political contributions intended AUSTIN, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** RENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmmittee Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/A	xpense Nages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 56/57		Little, Jason Mitchell (The Honorable)				00088078
4	Date	5	Payee name				
	04/01/2025		ALEXAN WATERLOO				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$3,523.95		700 E 11TH ST				
	Reimbursement from political contributions intended		AUSTIN, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense
					RENT		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	05/01/2025		ALEXAN WATERLOO				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$3,423.56		700 E 11TH ST				
	Reimbursement from political contributions intended		AUSTIN, TX 78701				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		RENT	Ch	eck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	06/01/2025		ALEXAN WATERLOO				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$2,811.84		700 E 11TH ST				
	Reimbursement from						
	X political contributions intended		AUSTIN, TX 78701				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense
					RENT		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 57/57 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Little, Jason Mitchell (The Honorable) 00088078 8 Amount (\$) Date 5 Name of person from whom amount is received 01/08/2025 LIMA CHARLEY GREEN LLC \$143.00 6 Address of person from whom amount is received; City; State; Zip Code LANTANA, TX 76226 Purpose for which amount is received Check if political contribution returned to filer VOIDED PAYMENT - CHECK NOT CASHED