

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

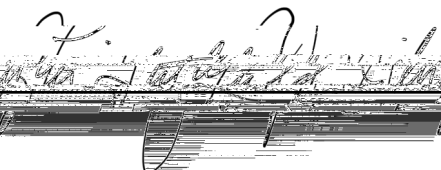
FORM C/OH
COVER SHEET PG 2

2 of 8

| | |
|---------------------------------------------|--------------------|
| 13 C / OH NAME Littlefield, Jennifer | 14 Filer ID |
|---------------------------------------------|--------------------|

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

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| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 10,050.02 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 19,902.22 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 12,100.00 |



 Jennifer Littlefield

@ 8)VA
 4900333
 REPORTING P RI

SUBTOTALS - C/OH

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| 18 FILER NAME Littlefield, Jennifer | 19 Filer ID |
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| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|----------------------------------------|------------------------------------------------------------------------|------------------------|
| NAME OF SCHEDULE | | |
| 1. <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10,050.00 |
| 2. <input type="checkbox"/> | SCHEDULE A2: EMPLOYER-SPONSORED DEFERRED COMPENSATION PLANS | |
| <input type="checkbox"/> | SCHEDULE A3: EMPLOYER-SPONSORED DEFERRED ANNUITY PLANS | |
| <input type="checkbox"/> | SCHEDULE A4: EMPLOYER-SPONSORED PENSION PLANS | |
| <input type="checkbox"/> | SCHEDULE A5: EMPLOYER-SPONSORED PROFIT-SHARING PLANS | |
| <input type="checkbox"/> | SCHEDULE A6: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A7: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A8: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A9: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A10: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A11: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A12: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A13: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A14: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A15: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A16: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A17: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A18: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A19: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |
| <input type="checkbox"/> | SCHEDULE A20: EMPLOYER-SPONSORED INVESTMENT DEFERRED ANNUITY CONTRACTS | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

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|--------------------------------------------------------|----------------------------------------------|-------------------|
| 1 Total pages Schedule F2: Sch: 1/3 Rpt: 6/8 | 2 FILER NAME Littlefield, Jennifer | 3 Filer ID |
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| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
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| 5 Date 12/13/2020 | 6 Payee name Y Strategy |
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| 7 Amount (\$) \$12,815.49 | 8 Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723 |
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| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
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| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail Production and Printing |
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| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 12/13/2020 | Payee name Y Strategy |
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| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723 |
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| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Delivery |
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|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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|----------------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 2/3 Rpt: 7/8 | 2 FILER NAME Littlefield, Jennifer | 3 Filer ID |
|--------------------------------------------------------|----------------------------------------------|-------------------|

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|----------------------------------------------------------|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
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| 5 Date 12/13/2020 | 6 Payee name Y Strategy |
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| 7 Amount (\$) \$5,633.89 | 8 Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723 |
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| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--------------------------------------------------------------------------------------|

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| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Banking |
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| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 12/13/2020 | Payee name Y Strategy |
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|-------------------------|--------------------------------------------------------------------------------------|
| Amount (\$) \$891.04 | Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723 |
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| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--------------------------------------------------------------------------------------|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|----------------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 3/3 Rpt: 8/8 | 2 FILER NAME Littlefield, Jennifer | 3 Filer ID |
|--------------------------------------------------------|----------------------------------------------|-------------------|

| | |
|----------------------------------------------------------|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
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|-----------------------------|-----------------------------------|
| 5 Date 12/13/2020 | 6 Payee name Y Strategy |
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|----------------------------------|-----------------------------------------------------------------------------------------------|
| 7 Amount (\$) \$250.00 | 8 Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723 |
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| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--------------------------------------------------------------------------------------|

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| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications |
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| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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