CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this	1 Filer ID (Ethics Commission 00089623		2 Total pages filed: 65
3 CANDIDATE /	MS / MRS / MR FIRS	Γ	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. John			Date Received
				ELECTRONICALLY FILED
	NICKNAME		CLIEFIV	07/14/2025
	NICKNAME LAST Bash		SUFFIX	01/14/2020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITI	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	1401 Lavaca St.			Descript II
ADDRESS	#793			Receipt # Amount
Change of Address	Austin, TX 78701			Date Processed
				240 - 1000000
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER NAME	Mr. Robe	rt		
IVAIVIL				
	NICKNAME LAST		SUFFIX	
	Phillip)S	III	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX P	LEASE); APT / S	SUITE#; CITY;	STATE; ZIP CODE
TREASURER	655 Metro Pl. S.	,		
ADDRESS	Ste. 700			
(Residence or Business)	Dublin, OH 43017			
	Busini, 611 40017			
7 CAMPAIGN	AREA CODE PHONE NUM	IBER EXTENSION		
TREASURER PHONE	(202) 866-8229			
8 REPORT		_		
TYPE	January 15 30th	day before election Rur	noff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th	day before election	ceeded modified X	Final Report (Attach C/OH-FR)
			orting limit	, , ,
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	
10 ELECTION	ELECTION DATE	E	ELECTION TYPE	
	Month Day Year	X Primary	Runoff	Other
	03/03/2026	General	Special	_
11 OFFICE	OFFICE HELD (if any)	144	2 OFFICE SOUGHT ((if known)
III OFFICE	OFFICE FIELD (II ally)		Attorney General	ii Kilowii)
			Autoritey General	
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 65

13 C / OH NAME	Bash, John (Mr.)		14 Filer ID (Ethics Commission Filers)					
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 information	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 ADDRES	SS						
				_					
16 CONTRIBUTION TOTALS	\$ 0.00								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 208,400.59					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 208,400.59					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		N	1r. John Bash						
		Signature of	Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	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					

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 65 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00089623 Bash, John (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 208,400.59 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3.

	MONET	ARY POLITICAL (S		SCHEDUI	E A1		
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/23 Rpt: 4/65	
2	FILER NAME Bash, John	(Mr.)				3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/22/2025	5 Full name of contributor ANDERSON, JOHN 6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$104.10
_		Santa Fe, NM 87507	,	_		Ĺ		
8	retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions retired	5)		
	Date 04/11/2025	Full name of contributor Adams, Kevin Contributor address; City; S)	•	Amount of Contribution (\$)	\$104.10
	Principal occu	Harrison, NY 10528 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Lawyer DOJ				,			
	Date 04/11/2025	Full name of contributor Almonte II, Robert Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78230						
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Quinn Emanuel Urquha		Sullivan, LLP	
	Date 04/10/2025	Full name of contributor Appleberry, Ginger Contributor address; City; S Dallas, TX 75205)		Amount of Contribution (\$)	\$1,041.02
	•	pation / Job title (See Instructions eral Programs	5)		Employer (See Instructions Peterson Foundation	5)		
	Date 04/09/2025	Full name of contributor Augustine, Rene Contributor address; City; S Bethesda, MD 20817)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions TotalEnergies	5)		

	MONET	ARY POLITICAL CON	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to co	omplete this forn	1.	1	Total pages Schedule A1: Sch: 2/23 Rpt: 5/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/10/2025	Badali, Chris	t-of-state PAC (ID#: o Code)	7	Amount of Contribution (\$)	\$104.10
8	Principal occur	Jupiter, FL 33458 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	Attorney	oation 7 300 title (See Instructions)		DLA Piper US LLP)		
	Date 04/12/2025	Full name of contributor our Dash, Camille Contributor address; City; State; Zip				Amount of Contribution (\$)	\$9,369.14
	Dringing Lagor	Columbia, MD 21044		Francis var (Caa Jacks ations			
	Manager Manager	pation / Job title (See Instructions)		Employer (See Instructions Capitol One Bank)		
	Date 04/10/2025	Full name of contributor our our Bash, Camille Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$1,041.02
		Columbia, MD 21044					
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions JPMorgan Chase)		
	Date 05/15/2025	Full name of contributor our bash, John Contributor address; City; State; Zip Austin, TX 78701	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$7,802.89
	Principal occu Candidate	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 04/09/2025	Full name of contributor our Blase, Elizabeth Contributor address; City; State; Zip Washington, DC 20008	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,041.02
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Faegre Drinker Biddle F		uth LLp	
			'				

	MONEI	ARY POLITICAL C		SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/23 Rpt: 6/65
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission Filers) 00089623
4	Date 04/23/2025	5 Full name of contributor Blatt, Lisa6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$3,123.05
8	Principal occu retired	Washington, DC 20008 pation / Job title (See Instructions)	9	Employer (See Instructions retired	<u> </u> 5)	
	Date 04/09/2025	Full name of contributor Brewer, Robert Contributor address; City; Sta San Diego, CA 92101	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$260.25
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> ;)	
	Date 04/11/2025	Full name of contributor Broillet, Bruce Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Los Angeles, CA 90077 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)	
	Attorney			Reichman Jorgensen		
		out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00	
	Principal occu Attorney	El Paso, TX 79904 pation / Job title (See Instructions)		Employer (See Instructions Torridon Law	<u> </u> 5)	
	Date 04/11/2025	Full name of contributor Burke, Steve Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$) \$260.25
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Quinn Emanuel	5)	

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/23 Rpt: 7/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commissi 00089623	on Filers)
4	Date 04/19/2025	5 Full name of contributor Catterall, Arthur6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$500.00
8	Principal occu Lawyer	Austin, TX 78703 pation / Job title (See Instructions	s)	Employer (See Instructions Lawyer	<u> </u> s)		
	Date 04/10/2025	Full name of contributor Caughey, Ryan Contributor address; City; S Houston, TX 77027	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,602.54
				Employer (See Instructions Burford Capital	5)		
	Date 04/12/2025	Full name of contributor Caytas, Joanna Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$520.51
		Houston, TX 77019					
	Principal occu Academic	pation / Job title (See Instructions	;) 	Employer (See Instructions University of Texas	s) 		
Date O4/09/2025 Churi, Salen Contributor address; City; State; Zi Austin, TX 78746		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25,000.00	
	Principal occu retired	pation / Job title (See Instructions	5)	Employer (See Instructions retired	5)		
	Date 04/11/2025	Full name of contributor Cole, Scott Contributor address; City; S Austin, TX 78738	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Microsoft	s)		

	MONEI	ARY POLITICAL C	SCHEDULE A				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/23 Rpt: 8/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commissi 00089623	on Filers)
4	Date 04/09/2025	5 Full name of contributor Cooper, Sam6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$1.00
8	Principal occu Attorney	Washington DC, DC 20003 pation / Job title (See Instructions)		Employer (See Instructions Wiley Rein LLP	j 5)		
	Date 04/24/2025	Full name of contributor Corkery, Neil Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Jones Day	<u> </u> 5)		
	Date 04/27/2025	Full name of contributor Crosley, Archer Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,041.02
	•	Mcallen, TX 78501 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
Attorney		out-of-state PAC (ID#: tte; Zip Code	McDowell Hetherington		Amount of Contribution (\$)	\$520.51	
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions LSNB	5)		
	Date 04/17/2025	Full name of contributor DE MASI, NICCOLO Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10,410.16
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions RDP Law Group	s)		
							

	MONET	ARY POLITICAL C	S	SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 6/23 Rpt: 9/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/09/2025	6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Arlington, VA 22207 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 04/10/2025	Full name of contributor [Dahl, Brock Contributor address; City; Sta		UpSmith, Inc		Amount of Contribution (\$)	\$520.51
	Principal occu	Bethesda, MD 20827 pation / Job title (See Instructions)		Employer (See Instructions Quinn Emanuel Urquha		Sullivan I I P	
	Date 04/13/2025	Full name of contributor Davis, Michael Contributor address; City; Sta Washington, DC 20002	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,041.02
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Gibson, Dunn Crutcher		P	
	Date Full name of contributor out-of-state PAC (ID#:_ 04/09/2025 Degani, Nicholas		out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Harvard)		
	Date 04/10/2025	Full name of contributor Delrahim, Makan Contributor address; City; Sta Calabasas, CA 91302	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		

	MONET	ARY POLITICAL (S	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 7/23 Rpt: 10/65	
2	FILER NAME Bash, John	(Mr.)				3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/10/2025	5 Full name of contributorDenton, John6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,041.02
8	Principal occur	Austin, TX 78746 pation / Job title (See Instructions	<u>., </u>	_	Employer (See Instructions	·/-		
0	ATTORNEY	pation / Job title (See Instructions	,	9	Quinn Emanuel	·)		
	Date 04/09/2025	Full name of contributor Doty, George Contributor address; City; S)	•	Amount of Contribution (\$)	\$520.51
	Principal occu	New York, NY 10028 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Consultant	,			Reticulated Strategies L			
	Date 04/09/2025	Full name of contributor Dubinsky, Gregory Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		New York, NY 10019	, 1			Ĺ		
	Director	pation / Job title (See Instructions	5)		Employer (See Instructions LE	5)		
	Date 05/01/2025	Full name of contributor Dwyer, Kellen Contributor address; City; S alexandria, VA 22314	out-of-state PAC (ID#:	••••			Amount of Contribution (\$)	\$104.10
	Principal occu Lawyer	pation / Job title (See Instructions	5)		Employer (See Instructions Jones Day	5)		
	Date 04/09/2025	Full name of contributor Elias, Hani Contributor address; City; S New York, NY 10020	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Walters Gilbreath, PLLC			
	AUDITIES				vvalioi3 Siibiealii, FLLC			

	MONET	ARY POLITICAL C	S	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 8/23 Rpt: 11/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/11/2025	5 Full name of contributor [Elwood, John6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$312.30
_	Dringing agg	Alexandria, VA 22314	lo.	Employer (See Instructions	<u></u>		
8	Lawyer	pation / Job title (See Instructions)	9	Employer (See Instructions Quinn Emanuel	5)		
	Date 04/10/2025	Full name of contributor [Enzel, Lenore Contributor address; City; Sta				Amount of Contribution (\$)	\$104.10
	Dringing agg	El Paso, TX 79904	1	Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) retired			Employer (See Instructions retired	·)		
	Date 04/13/2025	Full name of contributor Eyler, Gus Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,041.02
		Bethesda, MD 20817					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Arnold Itkin LLP	s)		
	Date Full name of contributor out-of-state PAC (ID#:_04/13/2025 Ferrara, Melanie		out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$104.10
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Federal Government	s)		
	Date 04/13/2025	Full name of contributor FerraraPape, Carol Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Gibson Dunn	s)		

	MONET	ARY POLITICAL CONTRIBUT	IS		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 9/23 Rpt: 12/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID Finestone, Benjamin Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
	Dringing aggr	New York, NY 10011		Employer (See Instructions	<u></u>		
8	Lawyer	pation / Job title (See Instructions)	9	Employer (See Instructions Gregor Wynne Arney	»)		
	Date 04/25/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$520.51
	Principal occu	Upper Arlington, OH 43220 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Attorney			Alston Bird			
	Date 04/23/2025	Full name of contributor out-of-state PAC (ID Francisco, Noel Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$520.51
		Washington, DC 20016					
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Holland Hart LLP	s)		
	Date 04/10/2025	Full name of contributor out-of-state PAC (ID Gelman, Alexander Contributor address; City; State; Zip Code Mcallen, TX 78501)		Amount of Contribution (\$)	\$104.10
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 04/10/2025	Full name of contributor out-of-state PAC (ID Gelman, Rachel Contributor address; City; State; Zip Code Mcallen, TX 78503	#:			Amount of Contribution (\$)	\$520.51
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Caris Life Sciences	s)		
			•				

	MONET	ARY POLITICAL (NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/23 Rpt: 13/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/10/2025	5 Full name of contributor Gelman, Sharon6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$5,205.08
_	Dringing! aggs	Pharr, TX 78577) <u>lo</u>	Employer (Co. Instruction	<u></u>		
8	Lawyer	pation / Job title (See Instructions	9	Employer (See Instructions Susman Godfrey	s)		
	Date 04/09/2025	Full name of contributor Gilbreath, Jake Contributor address; City; St				Amount of Contribution (\$)	\$5,205.08
	Deinstead	Austin, TX 78703	\	Facelous (Oss lastrustics	<u> </u>		
	Investment	pation / Job title (See Instructions	()	Employer (See Instructions Trust Ventures	5)		
	Date 04/09/2025	Full name of contributor Gilbreath, Sarah Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5,205.08
		Austin, TX 78703					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Holwell Shuster Goldbe		LLP	
	Date 04/10/2025	Full name of contributor Gilzene, Jody Contributor address; City; St Plano, TX 75093)		Amount of Contribution (\$)	\$1,041.02
	Principal occu Portfolio Mar	pation / Job title (See Instructions nager)	Employer (See Instructions Twin Dovs Capital Mgm			
	Date 04/09/2025	Full name of contributor Goldsmith, Jack Contributor address; City; St Newton, MA 02458	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$520.51
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Urchins LLC	5)		

	MONET	ARY POLITICAL CONTRIBUTION		LE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/23 Rpt: 14/65	
2	FILER NAME Bash, John			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/09/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,041.02
_		Newton, MA 02458				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/13/2025	Full name of contributor out-of-state PAC (ID#:_ Gould, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$350.00
	Principal occu	Houston, TX 77096 spation / Job title (See Instructions)	Employer (See Instructions)		
	Attorney	panent coo and (coo mendone)	Arnold Porter	,		
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID#:_ Harris, Jeffrey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,041.02
		Alexandria, VA 22301				
	Principal occu CFO	pation / Job title (See Instructions)	Employer (See Instructions CRC)		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#:_Hart, Eric Contributor address; City; State; Zip Code Greenwood Village, CO 80121			Amount of Contribution (\$)	\$2,082.03
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 04/18/2025	Full name of contributor out-of-state PAC (ID#:_ Henneke, Keith Contributor address; City; State; Zip Code Austin, TX 78735)		Amount of Contribution (\$)	\$520.51
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Goodwin)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS .		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 12/23 Rpt: 15/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/15/2025	 Full name of contributor out-of-state PAC Hock, Stacy Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10,000.00
8	Principal occur	Austin, TX 78746 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
	Attorney	panon, cos uno (cos menastro)		Quinn Emanuel	• •		
	Date 04/10/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Partner			Gibson, Dunn Crutcher	LL	Р	
	Date 04/18/2025	Full name of contributor)		Amount of Contribution (\$)	\$520.51
	Principal occur	Mc Lean, VA 22101 pation / Job title (See Instructions)		Employer (See Instructions	٠, 		
	CEO	pation / oob tale (eee metadolone)		lonQ	,,		
	Date 04/11/2025	Full name of contributor out-of-state PAC Humphrey, Dan Contributor address; City; State; Zip Code Miami, FL 33133)		Amount of Contribution (\$)	\$104.10
	Principal occu Member	pation / Job title (See Instructions)		Employer (See Instructions Privacy Civil Liberties C	•	rsight Board	
	Date 05/21/2025	Full name of contributor out-of-state PAC Hur, Robert Contributor address; City; State; Zip Code Washington, DC 20016)		Amount of Contribution (\$)	\$1,041.02
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Missouri Attorney Gene		s Office	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/23 Rpt: 16/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/17/2025	5 Full name of contributor Jay, William6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Princinal occu	Alexandria, VA 22301 pation / Job title (See Instructions	<u>s)</u>	Employer (See Instructions	e)		
Ü	Self employe			Self employed	3)		
	Date 04/30/2025	Full name of contributor Johnson, Jeff Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$104.10
		St. Louis, MO 63116					
	Principal occu Lawyer	pation / Job title (See Instruction:	5)	Employer (See Instructions Quinn Emanuel Urquha		Sullivan LLP	
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	T	Amount of Contribution (\$)	
	04/09/2025	Johnson, Thomas Contributor address; City; S	<u> </u>			,,	\$520.51
		Alexandria, VA 22308					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 04/15/2025	Full name of contributor Kercher, Christopher Contributor address; City; S Purchase, NY 10016	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10,410.16
	Principal occu retired	pation / Job title (See Instructions	5)	Employer (See Instructions retired	s)		
	Date 04/10/2025	Full name of contributor Kilberg, Andrew Contributor address; City; S Mc Lean, VA 22101	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,041.02
	Principal occu constitutiona	pation / Job title (See Instruction: I lawyer	5)	Employer (See Instructions Manhattan Institute	s)		

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 14/23 Rpt: 17/65	
2	FILER NAME Bash, John	(Mr.)				3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/28/2025	5 Full name of contributor King, Patrick6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$520.51
•	Dringing! agg.	Houston, TX 77044) <u>lo</u>		Employer (Cae Instructions	_		
8	Lawyer	pation / Job title (See Instructions	9		Employer (See Instructions Ben Flowers LLC	·)		
	Date 04/12/2025	Full name of contributor Klein, Adam Contributor address; City; St Austin, TX 78731					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	(i)		Employer (See Instructions	<u> </u>		
	Lawyer				Quinn Emanuel			
	Date 04/24/2025	Full name of contributor Krueger, Matthew Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$208.20
		Milwaukee, WI 53217						
	Principal occu Engineer	pation / Job title (See Instructions	()		Employer (See Instructions Meta	i)		
	Date 04/29/2025	Full name of contributor LELLING, ANDREW Contributor address; City; St Sharon, MA 02067	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$520.51
	Principal occu Pediatrician	pation / Job title (See Instructions)		Employer (See Instructions Archer Crosley Pediatric			
	Date 04/16/2025	Full name of contributor Ledbetter, Bradford Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Eimer Stahl LLP	5)		
			•					

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 15/23 Rpt: 18/65	
2	FILER NAME Bash, John	(Mr.)				3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/15/2025	5 Full name of contributor Loewy, Adam6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$2,602.54
	Dringing! goog	Austin, TX 78731		0	Employer (See Instructions	<u></u>		
8	retired	pation / Job title (See Instructions) 	9	Employer (See Instructions retired	·)		
	Date 04/11/2025	Full name of contributor Lombard, Daniel Contributor address; City; Si)		Amount of Contribution (\$)	\$500.00
		Chicago, IL 60613	,			<u></u>		
	Principal occu Lawyer	pation / Job title (See Instructions	5)		Employer (See Instructions Quinn Emanuel	5)		
	Date 04/10/2025	Full name of contributor Loomis, Alex Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
		Alexandria, VA 22314						
	Principal occu Lawyer	pation / Job title (See Instructions	s)		Employer (See Instructions Troutman, Pepper, Ham	•	n, Sanders LLP	
	Date 04/11/2025	Full name of contributor Mahoney, Curtis Contributor address; City; Si Bellevue, WA 98004)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Almonte Law PLLC	5)		
	Date 04/09/2025	Full name of contributor Mauro, Greg Contributor address; City; Si Austin, TX 78701)		Amount of Contribution (\$)	\$1,041.02
	Principal occu CEO	pation / Job title (See Instructions	s)		Employer (See Instructions Walters Gilbreath, PLLC			
				1				

	MONET	ARY POLITICAL C		SCHEDUI	E A1		
	The Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 16/23 Rpt: 19/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/09/2025	5 Full name of contributor McGahn, Donald6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$1,041.02
8	Drincinal occu	Potomac, MD 20854 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	Attorney	pation / 300 title (3ee instructions)	9	Government of Florida	')		
	Date 04/10/2025	Full name of contributor McGinley, Michael Contributor address; City; Sta)		Amount of Contribution (\$)	\$520.51
	Drincinal occu	Gladwyne, PA 19035 pation / Job title (See Instructions)		Employer (See Instructions			
	Attorney	pation / Job title (See Instructions)		McDermott Will Emery	')		
	Date 04/13/2025	Full name of contributor Michel, Christopher Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$1,041.02
		Alexandria, VA 22301					
	Principal occu CRNA	pation / Job title (See Instructions)		Employer (See Instructions McAllen Anesthesia	5)		
	Date 04/12/2025	Full name of contributor Mirski, Sean Contributor address; City; Sta Washington, DC 20011)		Amount of Contribution (\$)	\$100.00
	Principal occu President C	pation / Job title (See Instructions) EO		Employer (See Instructions Pulte Financial Services			
	Date 04/18/2025	Full name of contributor Nolan, Christina Contributor address; City; Sta Burlington, VT 05404	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu VP	pation / Job title (See Instructions)		Employer (See Instructions NOV	<u>.</u>		
			<u>, </u>				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 17/23 Rpt: 20/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	Filers)
4	Date 04/09/2025	 Full name of contributor out-of-Ofek, Hillel Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$50.00
8	Drincinal occu	Austin, TX 78701 pation / Job title (See Instructions)	lo lo	Employer (See Instructions			
0	Attorney	pation / Job title (See Instituctions)	ľ	Jones Day)		
	Date 04/25/2025	Full name of contributor out-of-Pak, BJay Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$) \$.	1,041.02
		Atlanta, GA 30309					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Foley Lardner LLP)		
	Date 04/10/2025	Pak, Sean Contributor address; City; State; Zip C	state PAC (ID#: ode)		Amount of Contribution (\$) \$10	0,410.16
	Principal occu	Belvedere Tiburon, CA 94920 pation / Job title (See Instructions)		Employer (See Instructions)		
	Insurance Br	oker		CRC			
	Date 04/17/2025	Potter, David	state PAC (ID#:)		Amount of Contribution (\$) \$.	1,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 04/09/2025	Pozos, Antonio	state PAC (ID#:)		Amount of Contribution (\$) \$.	1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions WilmerHale)		
			,				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/23 Rpt: 21/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/09/2025	5 Full name of contributor Rateike, Brad6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$104.10
_	Delevieral	Indianapolis, IN 46260		• Formula de la la descrita de			
8	Attorney	pation / Job title (See Instructions	5)	9 Employer (See Instructions US Securities and Exch		ge Commission	
	Date 04/09/2025	Full name of contributor Rohm, Bryan Contributor address; City; S Houston, TX 77079	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$520.51
	Principal occu	I pation / Job title (See Instructions	5)	Employer (See Instructions	<u>I</u> S)		
	CEO			Molino Partners LLC			
	Date 04/18/2025	Full name of contributor Runzheimer, Daniel Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77007					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Attorney			NA			
	Date 04/09/2025	Full name of contributor Russell, Patrick Contributor address; City; S Austin, TX 78723	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Federal Government	s)		
	Date 04/09/2025	Full name of contributor Scharf, Will Contributor address; City; S St. Louis, MO 63105	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Professor	pation / Job title (See Instructions	5)	Employer (See Instructions Harvard	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 19/23 Rpt: 22/65	
2	FILER NAME Bash, John	(Mr.)				3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/10/2025	5 Full name of contributor Self, Meagan6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$520.51
0	Dringing! goog	Dallas, TX 75229		_	Employer (See Instructions	<u></u>		
0	Lawyer	pation / Job title (See Instructions)	9	Employer (See Instructions Law Firm	»)		
	Date 04/10/2025	Full name of contributor Shapiro, Ilya Contributor address; City; St)		Amount of Contribution (\$)	\$500.00
	Principal occu	Falls Church, VA 22046 pation / Job title (See Instructions	;)		Employer (See Instructions	<u> </u> ;)		
	Attorney	(000	,		Latham Watkins	,		
	Date 04/09/2025	Full name of contributor Sheketoff, Julia Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
		Urbana, IL 61801						
	Principal occu Venture capi	pation / Job title (See Instructions italist	s) 		Employer (See Instructions Learn Capital	s)		
	Date 04/09/2025	Full name of contributor Smith, Wyatt Contributor address; City; St Dallas, TX 75214	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	5)		
	Date 04/23/2025	Full name of contributor Steiner, Matt Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3,000.00
	Principal occu Lawyer	pation / Job title (See Instructions	(3)		Employer (See Instructions Williams Connolly	s)		
			,					

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 20/23 Rpt: 23/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/09/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Delin sim al a san	Black Mountain, NC 28711	1.	Frankrije (Ozakativati			
8	VP	pation / Job title (See Instructions)	9	Employer (See Instructions Axiom	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Taibleson, Rebecca Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Milwaukee, WI 53217 pation / Job title (See Instructions)	_	Employer (See Instructions	·/-		
	Physician Physician	oation / Job title (See Instituctions)		Self	>)		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#: Tayrani, Amir Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$2,500.00
		Alexandria, VA 22314					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Quinn Emanuel Urquha	•	Sullivan LLP	
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#: Thomas, Will Contributor address; City; State; Zip Code Houston, TX 77005)		Amount of Contribution (\$)	\$520.51
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Consovoy McCarthy PL	•		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Timmons, Brian Contributor address; City; State; Zip Code Manhattan Beach, CA 90266)	•	Amount of Contribution (\$)	\$5,205.08
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Greene, Broillet and Wh		ler LLP	
			•				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 21/23 Rpt: 24/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission F 00089623	ilers)
4	Date 04/10/2025	5 Full name of contributorTisch, Sam6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$) \$10	,410.16
_	Deinainal assu	New York, NY 10028) [0	Franks von (Cookstants votions	_		
8	Principal occu Public Relati	pation / Job title (See Instructions ons) 9	Employer (See Instructions Bar Communications			
	Date 04/13/2025	Full name of contributor Town, Jay Contributor address; City; St				Amount of Contribution (\$)	\$520.51
	Principal occu	Huntsville, AL 35801 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired	,		retired			
	Date 04/10/2025	Full name of contributor Tseytlin, Misha Contributor address; City; St)		Amount of Contribution (\$) \$1	,041.02
	5	Winnetka, IL 60093		5 1 (0 1 : "	<u> </u>		
	Principal occu Physician As	pation / Job title (See Instructions ssistant)	Employer (See Instructions UT Health RGV	5)		
	Date 04/10/2025	Full name of contributor Wade, Dana Contributor address; City; St Washington, DC 20007	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$520.51
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Dechert LLP	<u>;</u>)		
	Date 04/13/2025	Full name of contributor Walk, John Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$312.30
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	i)		
			·				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 22/23 Rpt: 25/65	
2	FILER NAME Bash, John	(Mr.)			3	Filer ID (Ethics Commission 00089623	on Filers)
4	Date 04/13/2025	5 Full name of contributor Walker, Raymond6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$520.51
8	Principal occu	Mcallen, TX 78504 pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	retired	,		retired	,		
	Date 04/16/2025	Full name of contributor [Walsh, Ryan Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,041.02
	Data disal asses	Lake Mills, WI 53551		Frankrije (Cooks trockie ro	<u></u>		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Christopher Kercher	5)		
	Date 04/14/2025	Full name of contributor [Watson, Paul Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$52.05
		Kapolei, HI 96707					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Gray Analytics	5)		
	Date 04/11/2025	Full name of contributor [Williams, Beth Contributor address; City; Stat Mc Lean, VA 22101	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Arnold Porter Kaye Sch		er LLP	
	Date 04/16/2025	Full name of contributor Wilson, Hugh Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,041.02
	Principal occu Law	pation / Job title (See Instructions)		Employer (See Instructions Loewy Law Firm	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 23/23 Rpt: 26/65		
2	FILER NAME Bash, John		3	Filer ID (Ethics Commiss 00089623	sion Filers)	
4	<u> </u>		7	Amount of Contribution (\$)	\$520.51	
_	Dringing Logg	Houston, TX 77055	O Employer (Coo Instructions	<u></u>		
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Caris MPI	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/09/2025 berman, andrew Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$300.00	
		New York, NY 10013				
	Principal occu Finance	pation / Job title (See Instructions)	Employer (See Instructions Bank OZK	s)		
	Date 04/18/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Ballwin, MO 63021 upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Lawyer	,	Kellogg Hansen			

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

	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: 1/38 Rpt: 27/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/22/2025	ANDERSON, JOHN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.10	36 Centaurus Ranch Road
		Santa Fe, NM 87507
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/11/2025	Adams, Kevin
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.10	320 Halstead Avenue Apt 1414
		Harrison, NY 10528
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/11/2025	Almonte II, Robert
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	9901 IH-10
		San Antonio, TX 78230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
	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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	<u> </u>			
	Sch: 2/38 Rpt: 28/65	Bash, John (Mr.) 00089623			
4	Date	5 Payee name			
	04/10/2025	Appleberry, Ginger			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,041.02	3211 Drexel Dr			
		Dallas, TX 75205			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.			
	LAFENDITORE	Check if Austin, TX, officeholder living expense			
		CONTRIBUTION REFUND			
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/09/2025	Augustine, Rene			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00 8514 Country Club Dr.				
		Bethesda, MD 20817			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND			
		CONTRIBUTION RELIGIO			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	04/10/2025	Badali, Chris			
	Amount (\$) \$104.10	Payee address; City; State; Zip Code 114 Segovia way			
	φ104.10	114 Segovia way			
		Numitor El 224E0			
		Jupiter, FL 33458			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		CONTRIBUTION REFUND			
	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
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

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER leafure a entergory and listed above)

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 3/38 Rpt: 29/65	Bash, John (Mr.) 00089623			
4	Date	5 Payee name			
	04/12/2025	Bash, Camille			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$9,369.14	10959 Shadow Lane			
		Columbia, MD 21044			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND			
		CONTRIBUTION REPOND			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol				
⊨	Date	Pouso namo			
	04/10/2025	Payee name Bash, Camille			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,041.02	10959 Shadow Lane			
		Columbia, MD 21044			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND			
		CONTRIBOTION RELIGIO			
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
H	Date	Payso nama			
	04/09/2025	Payee name Blase, Elizabeth			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,041.02	4700 Linnean Avenue Northwest,			
		Washington, DC 20008			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		CONTRIBUTION REFUND			
		CONTRIBUTION			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
1	expenditure to benefit C/O				
\vdash					
l					

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/Political Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 4/38 Rpt: 30/65	Bash, John (Mr.)	00089623		
4	Date	5 Payee name	•		
	04/23/2025	Blatt, Lisa			
6	Amount (\$) \$3,123.05	7 Payee address; City; State; Zip Code 2836 Albemarle St NW Washington, DC 20008			
8	PURPOSE OF EXPENDITURE	REFUND	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ONTRIBUTION REFUND		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		
	Date	Payee name			
	04/09/2025	Brewer, Robert			
	Amount (\$) \$260.25	Payee address; City; State; Zip Code 415 Laurel St. San Diego, CA 92101			
	PURPOSE OF EXPENDITURE	REFUND	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ONTRIBUTION REFUND		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date 04/11/2025	Payee name Broillet, Bruce			
	Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 773 STRADELLA ROAD USA			
_		Los Angeles, CA 90077			
	PURPOSE OF EXPENDITURE	REFUND	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ONTRIBUTION REFUND		
	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 Comr Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services					oove)		
	Credit Card Fayment		The Instruction Guid	le explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAMI	≣				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 5/38 Rpt: 31/65	Bash, John	(Mr.)					00089623		
4	Date	5 Payee name								
	04/19/2025	Broillet, Ga								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
_	\$100.00	3403 Olym	-							
	,									
		El Paso, T	70004							
_										
8	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description		df.T O	valata Cabadula T	
	EXPENDITURE	REFUND							plete Schedule T. expense	
						Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND				
9	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	ıaht			Office he	eld	
	expenditure to benefit C/OI	H			J					
_	Date	Dayoo nama								
	04/11/2025	Payee name Burke, Stev								
				Chata: Zin Ca	- al a					
	Amount (\$)	Payee addre	•	State; Zip Co	oue					
	\$260.25	19711 Ivory	/ BIOOK DI.							
		_								
		Houston, T	X 77094							
	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	REFUND						de of Texas. Com officeholder living	plete Schedule T.	
						CONTRIBUT			у схрепас	
								-		
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI				J					
	Date	Dayoo nama								
	04/19/2025	Payee name Catterall, A								
				Chata: Zin Ca	l -					
	Amount (\$)	Payee addre		State; Zip Co	oae					
	\$500.00	709 Oaklar	iu Ave.							
		Austin, TX	78703							
	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	REFUND						de of Texas. Com officeholder living	plete Schedule T.	
						CONTRIBUT			g expense	
						30.1111001				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht			Office he	eld	
	expenditure to benefit C/OI		iocholaci Hallic	Office 30t	agrit			Cilice III	oi u	

SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			wards/Memorials Expense Services Instruction Guide explain		ages/Contract I		Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 EII ED NIAME				3	Filer ID	(Ethics Commission Filers)
_	Sch: 6/38 Rpt: 32/65	Bash, John (M	r.)			3	00089623	(Luites Commission Filers)
4	Date	5 Payee name						
	04/10/2025	Caughey, Ryar						
6	Amount (\$)	7 Payee address;	City; Stat	te; Zip Cod	de			
	\$2,602.54	3838 Overbroo	< Lane					
		Houston, TX 77	027					
Ļ	DUDDOGE				(1-)			
8	PURPOSE OF		tegories listed at the top of this s	schedule)	(b) Descrip			
	EXPENDITURE	REFUND			느		ide of Texas. Comp , officeholder living	
							N REFUND	expense
					CONT	KIBO HOI	NEFOND	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeho	older name	Office soug	jht		Office he	eld
	experialiture to benefit C/O							
	Date	Payee name						
	04/12/2025	Caytas, Joanna	l					
	Amount (\$)	Payee address;		te; Zip Cod	10			
	` '	•	•	ie, zip coi	i c			
	\$520.51	3233 West Dail	as Street, Unit 1901					
		Houston, TX 77	019					
	PURPOSE	(a) Category (See Ca	tegories listed at the top of this s	chedule)	(b) Descrip	otion		
	OF	REFUND	togorios notos at are top or and o	,o.i.ouuio,	:		ide of Texas. Com	olete Schedule T.
	EXPENDITURE				Chec	k if Austin, TX,	, officeholder living	expense
					CONT	RIBUTIO	N REFUND	
	Complete ONLY if direct	Candidate/Officeho	older name	Office soug	jht		Office he	eld
	expenditure to benefit C/O							
⊨	Data	Deurs						
	Date	Payee name						
	04/09/2025	Churi, Salen						
	Amount (\$)	Payee address;	City; Stat	te; Zip Cod	de			
	\$25,000.00	3203 park hills	dr					
		Austin, TX 7874	16					
	PURPOSE				(b) Descrip	ntion		
	OF		tegories listed at the top of this s	schedule)			ide of Texas. Comp	nlete Schedule T
	EXPENDITURE	REFUND					, officeholder living	
							N REFUND	•
_	Complete ONLY if direct	Candidate/Officeho	aldor namo	Office soug	ıht.		Office he	ald.
	expenditure to benefit C/Ol		nuei Haille	Onice soug	jiit		Office ne	eiu.

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide expla		/ages	Contract Labor		OTHER (enter a	category not listed ab	oove)
1	Total pages Schedule F1:	2 FILED NAM	<u> </u>		•		2	Filer ID	(Ethics Commiss	ion Filers)
_	Sch: 7/38 Rpt: 33/65	Bash, Johr						00089623	(Eurios Commiss	10111 11010)
1	Date	5 Payee name								
•	04/11/2025	Cole, Scott								
_										
6	Amount (\$)	7 Payee addre		ate; Zip Co	de					
	\$2,500.00	5209 Span	ish Oaks Club Blvd							
		Austin, TX	78738							
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	REFUND				<u> </u>		de of Texas. Comp		
						_		officeholder living	expense	
						CONTRIBUT	IOI	N KEFUND		
		<u> </u>								
9	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name)							
	04/09/2025	Cooper, Sa	am							
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	de					
	\$1.00	408 13tg s	treet NE							
		Washingto	n DC, DC 20003							
	PURPOSE	(a) Category (s	See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	REFUND				-		de of Texas. Comp		
						—		officeholder living	expense	
						CONTRIBUT	Ю	N REFUND		
	0 1: 0 1: 0			0				011111		
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	gnt			Office he	ela	
	<u>'</u>									
	Date	Payee name								
	04/24/2025	Corkery, N	eil							
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	de					
	\$2,500.00	118 Via Viz	zcaya							
		Palm Beac	h, FL 33480							
	PURPOSE	(a) Category (s	See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	REFUND	·	,		_		de of Texas. Comp		
	EXPENDITORE					_		officeholder living	expense	
						CONTRIBUT	IOI	N REFUND		
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ght			Office he	eld	
	CAPETIGITUTE TO DETICITE C/OF	1								

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/Political Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 8/38 Rpt: 34/65	Bash, John (Mr.) 00089623			
4	Date	5 Payee name			
	04/27/2025	Crosley, Archer			
6	Amount (\$) \$1,041.02	7 Payee address; City; State; Zip Code 412 Lindberg Mcallen, TX 78501			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/10/2025	Cutrona, Danielle			
	Amount (\$) \$520.51	Payee address; City; State; Zip Code PO Box 9803 Washington, DC 20016			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date 04/17/2025	Payee name DE MASI, NICCOLO			
	Amount (\$) \$10,410.16	Payee address; City; State; Zip Code 2809 CARLTON RD			
		Los Angeles, TX 78703			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND			
	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 Legal 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: 9/38 Rpt: 35/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/09/2025	DaCunha, Alyssa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3026 N. Edison St.
		Arlington, VA 22207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
		SOLUTION TO THE STATE OF THE ST
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/10/2025	Dahl, Brock
H	Amount (\$)	Payee address; City; State; Zip Code
	\$520.51	PO Box 341153
		Bethesda, MD 20827
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
		SOLUTION TO THE STATE OF THE ST
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/13/2025	Davis, Michael
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.02	1010 K Street NE
		Washington, DC 20002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBUTION REPUND
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Evi
Accounting/Banking Fer
Consulting Expense For
Contributions/ Donations Made By - Gif

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 (order a settlement part 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: 10/38 Rpt: 36/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/09/2025	Degani, Nicholas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3212 N Kensington St
		Arlington, VA 22207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBOTION RELIGING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	04/10/2025	Delrahim, Makan
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	5841 Round Meadow Rd
	+= ,000.00	
		Calabasas, CA 91302
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBOTION REPOND
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/10/2025	Denton, John
L	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.02	3005 Chatelaine Dr
	Ψ1,041.02	3003 Chatelaine Di
		Austin, TX 78746
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 11/38 Rpt: 37/65	Bash, John (Mr.)		00089623
4	Date	5 Payee name		•
l	04/09/2025	Doty, George		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
l	\$520.51	1040 Park Avenue		
l				
		New York, NY 10028		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	REFUND		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				CONTRIBUTION REFUND
Ļ	0 1 0 0 1 1 1 1			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	ht	Office held
┡	·			
	Date	Payee name		
	04/09/2025	Dubinsky, Gregory		
l	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$500.00	145 W 58 St, Apt 8D		
L		New York, NY 10019		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	REFUND		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				CONTRIBUTION REFUND
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	05/01/2025	Dwyer, Kellen		
┢	Amount (\$)	Payee address; City; State; Zip Cod	le	
l	\$104.10	113 S. St. Asaph		
l				
		alexandria, VA 22314		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
l	OF	REFUND		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				CONTRIBUTION REFUND
dash	Operation ON IV III	Open di data (Office le Indonesia	l- /	Office I I I
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
\vdash	•			
l				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ai Comm		services nstruction Guic	Salarie de explains how to	-	ete this form.		OTHER (ent	er a	category not listed above)	
1	Total pages Schedule F1:	2 F	ILER NAME				;	3	Filer ID		(Ethics Commission Filers)	-
	Sch: 12/38 Rpt: 38/65	В	Bash, John (Mr.)					0008962	23		
4	Date	5 P	Payee name				I					-
	04/09/2025	1	Elias, Hani									
6	Amount (\$)	7 P	Payee address;	City;	State; Zip	Code						_
	\$1,000.00	1	Rockefeller Pla	aza								
		N	New York, NY 10	0020								
8	PURPOSE	(a) C	Category (See Cate	gories listed at the	top of this schedule)	(b)	Description					
	OF EXPENDITURE	R	REFUND				Check if travel ou					
							CONTRIBUTION				ехрепос	
9	Complete ONLY if direct		andidate/Officehol	der name	Office s	ought			Office	e he	ld	-
	expenditure to benefit C/OI	Н										
	Date	Р	Payee name									=
	04/11/2025	E	Elwood, John									
	Amount (\$)	Р	Payee address;	City;	State; Zip	Code						
	\$312.30	5	513 Duke Street									
		A	Alexandria, VA 2	2314								
	PURPOSE OF	(a) C	Category (See Cate	gories listed at the	top of this schedule)	(b)	Description					
	EXPENDITURE	R	REFUND				Check if travel or Check if Austin,				expense	
							CONTRIBUTION					
	Complete ONLY if direct		andidate/Officehol	der name	Office s	ought			Office	e he	ld	_
	expenditure to benefit C/OI	H										
	Date	Р	Payee name									
	04/10/2025	E	Enzel, Lenore									
	Amount (\$)	Р	Payee address;	City;	State; Zip	Code						
	\$104.10	3	3012 Titanic Ave	!								
		E	El Paso, TX 799	04								
	PURPOSE OF		Category (See Cate	gories listed at the	top of this schedule)	(b)	Description		d4.T (.	dete Calcadula T	
	EXPENDITURE	R	REFUND				Check if travel ou					
							CONTRIBUTION					
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officehol	der name	Office s	ought			Office	e he	ld	
	experiorure to berient C/OI	П										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/38 Rpt: 39/65	Bash, John (Mr.)		00089623
4	Date	5 Payee name		
	04/13/2025	Eyler, Gus		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$1,041.02	7219 Arrowood Road		
		Bethesda, MD 20817		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	REFUND		Check if travel outside of Texas. Complete Schedule T.
	-			CONTRIBUTION REFUND
				CONTRIBUTION REPOND
_	0 1: 0 1: 0			0"
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	04/13/2025	Ferrara, Melanie		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$104.10	939 W. Hawthorne St.		
	!			
		Ontario, CA 91762		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	REFUND		Check if travel outside of Texas. Complete Schedule T.
	!			CONTRIBUTION REFUND
	!			CONTRIBUTION REPOND
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	-ht	Office held
	expenditure to benefit C/OF		JIIL	Office field
	·			
	Date	Payee name		
	04/13/2025	FerraraPape, Carol		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$50.00	564 Durham Road		
		Sayville, NY 11782		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	REFUND		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				CONTRIBUTION REFUND
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	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 Committee

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Co	ommission Filers)
Sch: 14/38 Rpt: 40/65 Bash, John (Mr.) 00089623	
4 Date 5 Payee name	
04/11/2025 Finestone, Benjamin	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$5,000.00 212 W 18 ST., 9AB	
New York, NY 10011	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas Complete Schedule	
EXPENDITURE REFUND Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense	e T.
CONTRIBUTION REFUND	
Soliting notification	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
04/25/2025 Flowers, Ben	
Amount (\$) Payee address; City; State; Zip Code	
\$520.51 1707 McCoy Rd	
Upper Arlington, OH 43220	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule	
EXPENDITURE REFUND Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense	e T.
CONTRIBUTION REFUND	
CONTRIBUTION NEL GIRB	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
04/23/2025 Francisco, Noel	
Amount (\$) Payee address; City; State; Zip Code	
\$520.51 3411 34th Place Northwest	
4020.01 OFFE OFFE NOTHINGS	
Washington, DC 20016	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF REFUND Check if travel outside of Texas. Complete Schedu	e T.
Check if Austin, 1X, officeholder living expense	
CONTRIBUTION REFUND	
Complete ONLY if direct. Condidate/Officeholder name	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Experialitie to benefit C/Orr	
experiorare to benefit G/O/1	
experiorative to benefit Groff	

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter	a category not lister	d above)
		_		The Instruction G	uide explains n	iow to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	nission Filers)
l	Sch: 15/38 Rpt: 41/65		Bash, John	(Mr.)						00089623		
4	Date	5	Payee name						_			
l	04/10/2025		Gelman, Al	exander								
Ļ		 			04-4	7: 0-	-1 -					
l٥	Amount (\$)	'	Payee addre		State;	Zip Co	ae					
l	\$104.10		1100 S Cyr	ithia St								
l												
l			Mcallen, TX	78501								
8	PURPOSE	(a)	Category				(h)	Description				
ľ	OF	'"	REFUND	ee Categories listed at t	ne top of this sche	edule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		KLFUND					=		officeholder livi		
								CONTRIBUT	101	N REFUND	1	
9	Complete ONLY if direct		`andidate/Offi	ceholder name	0	ffice sou	aht			Office h	neld	
ľ	expenditure to benefit C/OI		Sandidate/On	ceriolaer riame	O	ince sou	giit			Office	iciu	
┡		_										
	Date		Payee name									
	04/10/2025		Gelman, Ra	achel								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$520.51		104 SE Gre	enbriar Sq								
			Mcallen, TX	70502								
L		L										
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sche	edule)	(b)	Description				
l	EXPENDITURE		REFUND					=		de of Texas. Co officeholder livi	mplete Schedule T.	
								CONTRIBUT				
								CONTRIBOT	101	VIVEI OND	•	
┡		<u> </u>										
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	O	ffice sou	gnt			Office h	neid	
	experience to benefit eyes											
	Date		Payee name									
	04/10/2025		Gelman, Sh	aron								
┝	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	de					
	\$5,205.08		506 W Smit	•	O tatio,	p 00						
	Ψ5,205.00		JOO W Jiiii	III DIIVC								
l												
			Pharr, TX 7	8577								
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sche	edule)	(b)	Description				
l	OF EXPENDITURE		REFUND					ш			mplete Schedule T.	
l	LAFENDITORE							ш		officeholder livi		
								CONTRIBUT	IOI	N REFUND	1	
L		L										
Γ	Complete ONLY if direct		Candidate/Off	ceholder name	0	ffice sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
H												
l												
I												

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 Solarios (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	<u> </u>						
	Sch: 16/38 Rpt: 42/65	Bash, John (Mr.) 00089623						
4	Date	5 Payee name						
	04/09/2025	Gilbreath, Jake						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$5,205.08	2102 Sharon Lane						
		Austin, TX 78703						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND						
		CONTRIBUTION REPOND						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	Complete ONLY if direct expenditure to benefit C/Ol							
	Date	Payee name						
	04/09/2025	Gilbreath, Sarah						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5,205.08	2102 Sharon Lane						
		Austin, TX 78703						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND						
		CONTRIBOTION REPOND						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol							
H	Data							
	Date 04/10/2025	Payee name						
		Gilzene, Jody						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,041.02	4212 Eldorado Dr						
		Plano, TX 75093						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		CONTRIBUTION REFUND						
	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 C

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	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: 17/38 Rpt: 43/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/09/2025	Goldsmith, Jack
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$520.51	132 Bellevue Street
		Newton, MA 02458
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
		CONTRIBOTION NET OND
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/09/2025	Goldsmith, Jack
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.02	132 Bellevue Street
	·	
		Newton, MA 02458
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
		GOITH ABOTH THE STIB
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
—	Date	Payee name
	04/13/2025	Gould, Andrew
_	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	5443 Dumfries Dr
	Ψ330.00	3443 Dullillies Di
		Houston, TX 77096
	PURPOSE	,
	OF	(a) Category (See Categories listed at the top of this schedule) REFUND (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
	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
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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/38 Rpt: 44/65	Bash, John (Mr.)		00089623
4	Date	5 Payee name		-
	04/24/2025	Harris, Jeffrey		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1,041.02	502 Summers Court		
		Alexandria, VA 22301		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	REFUND		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				CONTRIBUTION REFUND
_	Complete ONL V if direct	Condidate /Office holder name Office sour	,b+	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	Jnt	Office field
_				
	Date	Payee name		
	04/12/2025	Hart, Eric		
	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$2,082.03	1200 Green Oaks Drive		
		Greenwood Village, CO 80121		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	REFUND		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				CONTRIBUTION REFUND
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	-		
	Date	Payee name		
	04/18/2025	Henneke, Keith		
	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$520.51	5001 Calhoun Canyon Loop		
	4020.02	Social Same Samyon 200p		
		Austin, TX 78735		
	DUDDOCE		(l-)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) REFUND	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	REPOND		Check if Austin, TX, officeholder living expense
				CONTRIBUTION REFUND
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
4				

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 19/38 Rpt: 45/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/15/2025	Hock, Stacy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	3331 Westlake Drive
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBOTION REFORD
9	Computate ONII V if diseast	Condidate/Officeholder neme
l۶	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/10/2025	Hoff, Ashley
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6604 Estana Ln
		Austin, TX 78739
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	04/18/2025	Huff, Kevin
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.51	1229 Earnestine Street
		Mc Lean, VA 22101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
ldash	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$ldsymbol{f eta}$		

SCHEDULE F1

Solicitation/Fundraising Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/38 Rpt: 46/65 Bash, John (Mr.) 00089623 4 Date Payee name 04/11/2025 Humphrey, Dan 6 Amount (\$) Payee address; City; State; Zip Code \$104.10 2772 SW 34 Ave Miami, FL 33133 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. **REFUND EXPENDITURE** Check if Austin, TX, officeholder living expense **CONTRIBUTION REFUND** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/21/2025 Hur, Robert Amount (\$) Payee address; City; State; Zip Code \$1,041.02 3200 38th Street NW Washington, DC 20016 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **REFUND EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/17/2025 Jay, William Amount (\$) Payee address: City: State; Zip Code \$500.00 438 Summers Dr Alexandria, VA 22301 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **REFUND EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	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: 21/38 Rpt: 47/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/30/2025	Johnson, Jeff
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.10	3656 Fairview Avenue
		St. Louis, MO 63116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBUTION REPOND
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	04/09/2025	Johnson, Thomas
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.51	8296 Glen Cove Court
		Alexandria, VA 22308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBOTION REPOND
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name Koreher, Christopher
	04/15/2025	Kercher, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,410.16	295 Fifth Ave
		Purchase, NY 10016
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBOTION REPOND
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		
l		

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/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)			
				uide explains h	now to cor	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 22/38 Rpt: 48/65		Bash, John	(Mr.)						00089623		
4	Date	5	Payee name									
	04/10/2025		Kilberg, And	Irew								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,041.02		6715 Wemb	erly Way								
			Mc Lean, VA	A 22101								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		REFUND			ŕ		Check if travel of	outsio	de of Texas. Cor	mplete Schedule T.	
	EXPENDITORE							_		officeholder livin		
								CONTRIBUTI	IOI	N REFUND		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld	
	experialiture to beliefit C/Or	<u> </u>										
	Date		Payee name									
	04/28/2025		King, Patrick	<								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$520.51		16806 Okac	hobee Drive								
			Houston, TX	77044								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		REFUND	-		ŕ		Check if travel of	outsio	de of Texas. Cor	mplete Schedule T.	
	EXPENDITORE							—		officeholder livin		
								CONTRIBUTI	ION	N REFUND		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld	
	experientare to benefit Gree	_										
	Date		Payee name									
	04/12/2025		Klein, Adam									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		5302 Valbur	n Circle								
			Austin, TX 7	8731								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		REFUND								mplete Schedule T.	
	EXPENDITORE							Check if Austin,				
								CONTRIBUTI	ION	REFUND		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld	
	experience to beliefft C/Of											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 23/38 Rpt: 49/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/24/2025	Krueger, Matthew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$208.20	5138 N Ardmore Ave
		Milwaukee, WI 53217
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Davisa nama
	04/29/2025	Payee name LELLING, ANDREW
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.51	18 POND VIEW CIR
		Sharon, MA 02067
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/16/2025	Ledbetter, Bradford
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1157 The High Road
	7-,000	
		Austin, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
		CONTRIBUTION REFUND
\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 C

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	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: 24/38 Rpt: 50/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/15/2025	Loewy, Adam
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,602.54	7000 MoPac Expressway, Suite 200
		Austin, TX 78731
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/11/2025	Lombard, Daniel
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1940 W. Patterson Ave.
		Chicago, IL 60613
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/10/2025	Loomis, Alex
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	712 Snowden Hallowell Way
		Alexandria, VA 22314
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Contribution Refund
		CONTRIBUTION REFUND
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 25/38 Rpt: 51/65	2 FILER NAME Bash, John (Mr.)		Filer ID 00089623	(Ethics Commission Filers)	
4	Date 04/11/2025	5 Payee name Mahoney, Curtis	,			
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 2131 104th PI SE				
8	PURPOSE OF EXPENDITURE	Bellevue, WA 98004 (a) Category (See Categories listed at the top of this schedule) REFUND (b)	Description Check if travel outsic Check if Austin, TX, CONTRIBUTION	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	ld	
	Date 04/09/2025	Payee name Mauro, Greg				
	Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 222 west ave Austin, TX 78701				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND (b)	Description Check if travel outside Check if Austin, TX, CONTRIBUTION	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	ld	
	Date 04/09/2025	Payee name McGahn, Donald				
	Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 8840 Belmart Road				
		Potomac, MD 20854				
	PURPOSE OF EXPENDITURE	REFUND	Description Check if travel outside Check if Austin, TX, CONTRIBUTION	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	ld	
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/38 Rpt: 52/65 Bash, John (Mr.) 00089623 4 Date Payee name 04/10/2025 McGinley, Michael 6 Amount (\$) Payee address; City; State; Zip Code \$520.51 214 Glenmoor Rd Gladwyne, PA 19035 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. **REFUND EXPENDITURE** Check if Austin, TX, officeholder living expense **CONTRIBUTION REFUND** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/13/2025 Michel, Christopher Amount (\$) Payee address; City; State; Zip Code \$1,041.02 230 W. Windsor Ave. Alexandria, VA 22301 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **REFUND EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/12/2025 Mirski, Sean Amount (\$) Payee address: City: State; Zip Code \$100.00 3815 14th St. N.W. #3 Washington, DC 20011 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **REFUND EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND 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 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: 27/38 Rpt: 53/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/18/2025	Nolan, Christina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	464 S Union St
		Burlington, VT 05404
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		OONTRIBOTION RELIGIO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/09/2025	Ofek, Hillel
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	215 Brazos St Apt 2209
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/25/2025	Pak, BJay
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.02	1201 W. Peachtree St. NW
		Atlanta, GA 30309
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBUTION REPOND
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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		Legal Services The Instruction Guide explain		/ages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 28/38 Rpt: 54/65	Bash, Johr						00089623		
4	Date	5 Payee name					_			
	04/10/2025	Pak, Sean								
6	Amount (\$)	7 Payee addre	ess; City; Sta	te; Zip Co	de					
	\$10,410.16	207 Beach								
		Belvedere	Tiburon, CA 94920							
8	PURPOSE OF		See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	REFUND						de of Texas. Com officeholder living		
						CONTRIBUT			, одрошее	
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name)							
	04/17/2025	Potter, Dav	rid							
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Co	de					
	\$1,000.00	22615 Swe	et Summer Dr							
		Leander, T	X 78641							
	PURPOSE OF		See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	REFUND				=		de of Texas. Com officeholder living		
						CONTRIBUT			,,	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
Н	Date	Payee name	<u> </u>							
	04/09/2025	Pozos, Ant								
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Co	de					
	\$1,000.00	101 Birche	•	, —р						
		Bryn Mawr	, PA 19010							
	PURPOSE OF	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	REFUND				<u> </u>		de of Texas. Com officeholder living	•	
						CONTRIBUT			expense	
							-			
-	Complete ONLY if direct	L Candidate/Off	ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI		-							

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

	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: 29/38 Rpt: 55/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/09/2025	Rateike, Brad
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.10	8710 Williamshire East Drive
		Indianapolis, IN 46260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/09/2025	Rohm, Bryan
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.51	14726 Cindywood Drive
		Houston, TX 77079
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Davisa nama
	04/18/2025	Payee name Runzheimer, Daniel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	5535 Memorial Dr, Ste F1079
	Ψ2,000.00	3333 Memorial Dr., Ste 1 1073
		Houston, TX 77007
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) REFUND (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitie to beliefft C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 30/38 Rpt: 56/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/09/2025	Russell, Patrick
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2306 Trafalgar Drive
		Austin, TX 78723
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	D-4-	
	Date	Payee name
	04/09/2025	Scharf, Will
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	8125 Stratford Drive
		St. Louis, MO 63105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
L	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	04/10/2025	Self, Meagan
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.51	11430 Wonderland Trail, Dallas, TX, USA
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
\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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 1	iler ID	(Ethics Commission Filers)
	Sch: 31/38 Rpt: 57/65	Bash, John (Mr.)		(00089623	
4	Date	5 Payee name				
	04/10/2025	Shapiro, Ilya				
6	Amount (\$)	7 Payee address; City; State; Zip Code	le			
	\$500.00	209 Midvale St.				
		Falls Observed MA 20040				
Ļ		Falls Church, VA 22046				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) REFUND	_	scription Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	KEPOND		Check if Austin, TX, o		
			CO	ONTRIBUTION	REFUND	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
_	· 					
	Date	Payee name				
	04/09/2025	Sheketoff, Julia	1-			
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2207 Combes St	ie			
	\$100.00	2207 Compes St				
		Urbana, IL 61801				
_	PURPOSE		(h) Doo	scription		
	OF	(a) Category (See Categories listed at the top of this schedule) REFUND		Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, TX, o		expense
			СО	ONTRIBUTION	REFUND	
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	ald
	expenditure to benefit C/Ol	•	111		Office fie	au
H	Date	Payee name				
	04/09/2025	Smith, Wyatt				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$1,000.00	6931 Pasadena Ave				
		Dallas, TX 75214				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
	OF EXPENDITURE	REFUND		Check if travel outside		
				Check if Austin, TX, on the Check if Austin, TX, or Ch		expense
			00		LI OND	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	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 Committee

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

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 File	er ID	(Ethics Commission Filers)
	Sch: 32/38 Rpt: 58/65	Bash, John (Mr.)		00	089623	
4	Date	5 Payee name				
	04/23/2025	Steiner, Matt				
6	Amount (\$)	7 Payee address; City; State; Zip Code	le			
	\$3,000.00	276 Delphi Cir				
		Los Altos, CA 94022				
8	PURPOSE		'h) Des	scription		
	OF EXPENDITURE	REFUND		Check if travel outside of	f Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, TX, office		expense
			CC	ONTRIBUTION R	EFUND	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O					
	Date	Payee name				
	04/09/2025	Sutherland, Abraham				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$100.00	106 Connally St.				
		Black Mountain, NC 28711				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) REFUND		scription Check if travel outside of	f Texas. Com	plete Schedule T.
	EXPENDITURE	REFUND		Check if Austin, TX, office		
			CO	ONTRIBUTION R	EFUND	
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	ald
	expenditure to benefit C/Ol	•	111		Office fie	au
H	Date	Payee name				
	04/11/2025	Taibleson, Rebecca				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$250.00	1518 E. Goodrich Ln				
		Milwaukee, WI 53217				
	PURPOSE OF	, ,		scription Check if travel outside of	f Toyas Com	nloto Schodulo T
	EXPENDITURE	REFUND		Check if Austin, TX, office		
			CO	ONTRIBUTION R	EFUND	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 33/38 Rpt: 59/65	Bash, John (Mr.)		00089623	
4	Date	5 Payee name		•	
	04/12/2025	Tayrani, Amir			
6	Amount (\$)	7 Payee address; City; State; Zip Code	е		
	\$2,500.00	209 S. Fairfax Street			
		Alexandria, VA 22314			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description	
	OF EXPENDITURE	REFUND	[Check if travel outside of Texas. Complete Schedule T.	
	LXI ENDITORE			CONTRIBUTION DEFLIND	
			(CONTRIBUTION REFUND	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	a+	Office held	
9	Complete ONLY if direct expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·	IL	Office field	
_					
	Date	Payee name			
	04/25/2025	Thomas, Will			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$520.51	2128 Dunstan			
		Houston, TX 77005			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) [Description	
	EXPENDITURE	REFUND	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			L (CONTRIBUTION REFUND	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
	expenditure to benefit C/O	4			
	Date	Payee name			
	04/11/2025	Timmons, Brian			
	Amount (\$)	Payee address; City; State; Zip Code	<u>—</u>		
	\$5,205.08	501 Manhattan Ave			
	. ,				
		Manhattan Beach, CA 90266			
	PURPOSE		h) [Description	
	OF	(a) Category (See Categories listed at the top of this schedule) REFUND	י, ניס]	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	THE STAD	į	Check if Austin, TX, officeholder living expense	
			(CONTRIBUTION REFUND	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held	
	experiulture to beliefft C/OI	1			

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 34/38 Rpt: 60/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/10/2025	Tisch, Sam
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,410.16	983 Park Avenue, 11c
		New York, NY 10028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
_	Opening the ONLY if allowed	Outside to 100% as health as a second of the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/13/2025	Town, Jay
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.51	2705 Chandler Circle
		Huntsville, AL 35801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		GONTAIS THE TALL ONE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2025	Tseytlin, Misha
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.02	18 Country Lane
	Ψ1,041.02	10 Country Edite
		Winnetka, IL 60093
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
	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 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

Candidate/Officeholder/Political Com Credit Card Payment		s/Wages/Contract Labor complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 I	FILER NAME	(3 Filer ID (Ethics Commission Filers)
Sch: 35/38 Rpt: 61/65	Bash, John (Mr.)		00089623
4 Date 5 p	Payee name		
04/10/2025	Wade, Dana		
` ′	Payee address; City; State; Zip 4615 Foxhall Crescent NW	Code	
φ320.31	4013 FOXIIAII CIESCEIILINW		
,	Washington, DC 20007	_ _	
1 AE I	Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	REFUND		utside of Texas. Complete Schedule T. TX, officeholder living expense
		CONTRIBUTION	
9 Complete ONLY if direct Complete on the expenditure to benefit C/OH	andidate/Officeholder name Office s	ought	Office held
Date	Payee name		
	Walk, John		
Amount (\$)	Payee address; City; State; Zip	Code	
\$312.30	10061 Maclura Court		
1	Fairfax, VA 22032		
	Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE I	REFUND	1 <u>-</u>	utside of Texas. Complete Schedule T. TX, officeholder living expense
		CONTRIBUTION	
Complete ONLY if direct Complete on the complete on the complete of the complete of the complete on the comple	andidate/Officeholder name Office s	ought	Office held
Date	Payee name		
	Walker, Raymond		
	Payee address; City; State; Zip	Code	
` '	1012 e dove avenue apt 3	0000	
Ψ320.31	1012 e dove avende apt 3		
1	Mcallen, TX 78504		
PURPOSE (a) (a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	REFUND	I <u>—</u>	utside of Texas. Complete Schedule T.
		CONTRIBUTION CONTRIBUTION	TX, officeholder living expense
		CONTRIBUTE	CIVICE OND
Complete ONLY if direct Complete ONLY	andidate/Officeholder name Office s		Office held
expenditure to benefit C/OH	andidate/Onicendider flame Office s	ougiit	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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 36/38 Rpt: 62/65	Bash, John (Mr.) 00089623
4	Date	5 Payee name
	04/16/2025	Walsh, Ryan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,041.02	340 S Main St
		Lake Mills, WI 53551
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/14/2025	Watson, Paul
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.05	92-1196 , Olani St Unit 4
		Kapolei, HI 96707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CONTRIBUTION REFUND
	Operation ONLY if allowed	Openhalte Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	04/11/2025	Williams, Beth
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1596 Highland Glen Pl
		Mc Lean, VA 22101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
		CONTRIBUTION REPOND
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 37/38 Rpt: 63/65	Bash, John (Mr.)	00089623				
4	Date	5 Payee name					
	04/16/2025	Wilson, Hugh					
6	Amount (\$) \$1,041.02	7 Payee address; City; State; Zip Code 575 Circle Drive					
		Denver, CO 80206					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/15/2025	WinRed					
	Amount (\$) \$7,802.89	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600					
		Arlington, VA 22203					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Г	Date	Payee name					
	04/10/2025	Wynne, Michael					
	Amount (\$) Payee address; City; State; Zip Code \$520.51 8724 Cavell Lane						
		Houston, TX 77055					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND				
	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 Committee

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.	OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 38/38 Rpt: 64/65	Bash, John (Mr.)	00089623			
4	Date	5 Payee name				
	04/09/2025	berman, andrew				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$300.00	93 worth street, 904				
		New York, NY 10013				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	I L	ıvel outside of Texas. Complete Schedule T. ıstin, TX, officeholder living expense			
		, , , , , , , , , , , , , , , , , , ,	UTION REFUND			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
	Date	Payee name				
	04/18/2025	jensen, jeff				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	609 Waterford Ridge Court				
		Ballwin, MO 63021				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	I L	ıvel outside of Texas. Complete Schedule T. ıstin, TX, officeholder living expense			
			UTION REFUND			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
ı						

			FORM	C/OH - FR			
F	The Instruction Guide explains how to compl	ete this form.					
	** Complete only if "Report Type" on page 1 i			Page 65 of 65			
1	C/OH NAME		2 Filer ID (Ethics	s Commission Filers)			
	Bash, John (Mr.)		00089623				
3	SIGNATURE						
	as a final report terminates my campaign treasurer appointm	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any aign expenditures without a campaign treasurer appointment on file.					
			ohn Bash				
		Signature of Can	ndidate / Officeholder				
4	FILER WHO IS NOT AN OFFICEHOLDER	.1					
	** Complete A & B below only if you are not an officehold	der **					
	A CAMPAIGN FUNDS						
	Check only one:						
	X I do not have unexpended contributions or unexpend	ded interest or income earned from politic	cal contributions.				
				hat I may not			
	convert unexpended political contributions or unexpunderstand that I must file an annual report of unexpunexpended interest or income earned on political c	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.					
	B ASSETS	ASSETS					
	Check only one:						
	X I do not retain assets purchased with political contrib	X I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	convert assets purchased with political contributions	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.					
		Mr. 7-	ska Dask				
			ohn Bash				
		Signature	of Candidate				
5	OFFICEHOLDER ** Complete this section only if you are an officeholder *	*					
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
		Signature	of Officeholder				