

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089623		2 Total pages filed: 65	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST John	MI	
	NICKNAME		LAST Bash	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1401 Lavaca St. #793 Austin, TX 78701		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 07/14/2025			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST Robert	MI
		NICKNAME		LAST Phillips	SUFFIX III
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 655 Metro Pl. S. Ste. 700 Dublin, OH 43017			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (202) 866-8229			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 01/01/2025    06/30/2025			
10 ELECTION		ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/03/2026 <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Attorney General	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Bash, John (Mr.)	14 Filer ID	(Ethics Commission Filers)
		00089623	

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	208,400.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	208,400.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

## 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. John Bash

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Bash, John (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00089623
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 208,400.59
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 208,400.59
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/23 Rpt: 4/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, JOHN <hr/> <b>6</b> Contributor address; City; State; Zip Code  Santa Fe, NM 87507	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Kevin <hr/> Contributor address; City; State; Zip Code  Harrison, NY 10528	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) DOJ
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almonte II, Robert <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quinn Emanuel Urquhart Sullivan, LLP
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appleberry, Ginger <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Head of Federal Programs		Employer (See Instructions) Peterson Foundation
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustine, Rene <hr/> Contributor address; City; State; Zip Code  Bethesda, MD 20817	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TotalEnergies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/23 Rpt: 5/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badali, Chris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jupiter, FL 33458	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) DLA Piper US LLP
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bash, Camille <hr/> Contributor address; City; State; Zip Code  Columbia, MD 21044	Amount of Contribution (\$)  \$9,369.14
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Capitol One Bank
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bash, Camille <hr/> Contributor address; City; State; Zip Code  Columbia, MD 21044	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) JPMorgan Chase
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bash, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$7,802.89
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions) Self
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blase, Elizabeth <hr/> Contributor address; City; State; Zip Code  Washington, DC 20008	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Faegre Drinker Biddle Reath LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/23 Rpt: 6/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blatt, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20008	<b>7</b> Amount of Contribution (\$)  \$3,123.05
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Robert <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92101	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broillet, Bruce <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90077	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Reichman Jorgensen
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broillet, Gaetana <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Torridon Law
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Steve <hr/> Contributor address; City; State; Zip Code  Houston, TX 77094	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quinn Emanuel

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/23 Rpt: 7/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catterall, Arthur <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Lawyer
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caughey, Ryan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$2,602.54
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Burford Capital
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caytas, Joanna <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Academic		Employer (See Instructions) University of Texas
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Churi, Salen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Microsoft

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/23 Rpt: 8/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Sam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington DC, DC 20003	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Wiley Rein LLP
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corkery, Neil <hr/> Contributor address; City; State; Zip Code  Palm Beach, FL 33480	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jones Day
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosley, Archer <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McDowell Hetherington
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutrona, Danielle <hr/> Contributor address; City; State; Zip Code  Washington, DC 20016	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) LSNB
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE MASI, NICCOLO <hr/> Contributor address; City; State; Zip Code  Los Angeles, TX 78703	Amount of Contribution (\$)  \$10,410.16
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) RDP Law Group



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/23 Rpt: 9/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DaCunha, Alyssa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, VA 22207	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Businessman		<b>9</b> Employer (See Instructions) UpSmith, Inc
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahl, Brock <hr/> Contributor address; City; State; Zip Code  Bethesda, MD 20827	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quinn Emanuel Urquhart Sullivan LLP
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Michael <hr/> Contributor address; City; State; Zip Code  Washington, DC 20002	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gibson, Dunn Crutcher LLP
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Degani, Nicholas <hr/> Contributor address; City; State; Zip Code  Arlington, VA 22207	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Harvard
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delrahim, Makan <hr/> Contributor address; City; State; Zip Code  Calabasas, CA 91302	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/23 Rpt: 10/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$1,041.02
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) Quinn Emanuel
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doty, George <hr/> Contributor address; City; State; Zip Code  New York, NY 10028	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Reticulated Strategies LLC
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubinsky, Gregory <hr/> Contributor address; City; State; Zip Code  New York, NY 10019	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) LE
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwyer, Kellen <hr/> Contributor address; City; State; Zip Code  alexandria, VA 22314	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Jones Day
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elias, Hani <hr/> Contributor address; City; State; Zip Code  New York, NY 10020	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walters Gilbreath, PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/23 Rpt: 11/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elwood, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alexandria, VA 22314	<b>7</b> Amount of Contribution (\$)  \$312.30
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Quinn Emanuel
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enzel, Lenore <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79904	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eylar, Gus <hr/> Contributor address; City; State; Zip Code  Bethesda, MD 20817	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold Itkin LLP
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrara, Melanie <hr/> Contributor address; City; State; Zip Code  Ontario, CA 91762	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal Government
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FerraraPape, Carol <hr/> Contributor address; City; State; Zip Code  Sayville, NY 11782	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gibson Dunn

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/23 Rpt: 12/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finestone, Benjamin <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10011	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Gregor Wynne Arney
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers, Ben Contributor address; City; State; Zip Code  Upper Arlington, OH 43220	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Alston Bird
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco, Noel Contributor address; City; State; Zip Code  Washington, DC 20016	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Holland Hart LLP
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelman, Alexander Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelman, Rachel Contributor address; City; State; Zip Code  Mcallen, TX 78503	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Caris Life Sciences

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/23 Rpt: 13/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelman, Sharon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	<b>7</b> Amount of Contribution (\$)  \$5,205.08
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Susman Godfrey
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbreath, Jake <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$5,205.08
Principal occupation / Job title (See Instructions) Investment		Employer (See Instructions) Trust Ventures
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbreath, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$5,205.08
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Holwell Shuster Goldberg LLP
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilzene, Jody <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Portfolio Manager		Employer (See Instructions) Twin Doves Capital Mgmt
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Jack <hr/> Contributor address; City; State; Zip Code  Newton, MA 02458	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Urchins LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/23 Rpt: 14/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Jack <hr/> <b>6</b> Contributor address; City; State; Zip Code  Newton, MA 02458	<b>7</b> Amount of Contribution (\$)  \$1,041.02
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold Porter
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jeffrey <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22301	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) CRC
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Eric <hr/> Contributor address; City; State; Zip Code  Greenwood Village, CO 80121	Amount of Contribution (\$)  \$2,082.03
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henneke, Keith <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Goodwin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/23 Rpt: 15/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hock, Stacy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$) \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Quinn Emanuel
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoff, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Gibson, Dunn Crutcher LLP
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Kevin <hr/> Contributor address; City; State; Zip Code  Mc Lean, VA 22101	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) IonQ
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Dan <hr/> Contributor address; City; State; Zip Code  Miami, FL 33133	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Member		Employer (See Instructions) Privacy Civil Liberties Oversight Board
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hur, Robert <hr/> Contributor address; City; State; Zip Code  Washington, DC 20016	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Missouri Attorney General's Office

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/23 Rpt: 16/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alexandria, VA 22301	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Self employed		<b>9</b> Employer (See Instructions) Self employed
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jeff <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63116	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Quinn Emanuel Urquhart Sullivan LLP
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Thomas <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22308	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kercher, Christopher <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10016	Amount of Contribution (\$)  \$10,410.16
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilberg, Andrew <hr/> Contributor address; City; State; Zip Code  Mc Lean, VA 22101	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) constitutional lawyer		Employer (See Instructions) Manhattan Institute



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/23 Rpt: 17/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77044	<b>7</b> Amount of Contribution (\$)  \$520.51
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Ben Flowers LLC
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Adam <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Quinn Emanuel
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Matthew <hr/> Contributor address; City; State; Zip Code  Milwaukee, WI 53217	Amount of Contribution (\$)  \$208.20
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Meta
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LELLING, ANDREW <hr/> Contributor address; City; State; Zip Code  Sharon, MA 02067	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Archer Crosley Pediatrics
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledbetter, Bradford <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Eimer Stahl LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/23 Rpt: 18/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loewy, Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$2,602.54
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lombard, Daniel <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60613	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Quinn Emanuel
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loomis, Alex <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22314	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Troutman, Pepper, Hamilton, Sanders LLP
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, Curtis <hr/> Contributor address; City; State; Zip Code  Bellevue, WA 98004	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Almonte Law PLLC
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauro, Greg <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Walters Gilbreath, PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/23 Rpt: 19/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGahn, Donald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Potomac, MD 20854	<b>7</b> Amount of Contribution (\$)  \$1,041.02
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Government of Florida
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinley, Michael <hr/> Contributor address; City; State; Zip Code  Gladwyne, PA 19035	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McDermott Will Emery
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michel, Christopher <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22301	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) McAllen Anesthesia
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirski, Sean <hr/> Contributor address; City; State; Zip Code  Washington, DC 20011	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President CEO		Employer (See Instructions) Pulte Financial Services
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Christina <hr/> Contributor address; City; State; Zip Code  Burlington, VT 05404	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) NOV

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/23 Rpt: 20/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ofek, Hillel <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Jones Day
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pak, BJay Contributor address; City; State; Zip Code  Atlanta, GA 30309	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Foley Lardner LLP
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pak, Sean Contributor address; City; State; Zip Code  Belvedere Tiburon, CA 94920	Amount of Contribution (\$)  \$10,410.16
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) CRC
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, David Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pozos, Antonio Contributor address; City; State; Zip Code  Bryn Mawr, PA 19010	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) WilmerHale

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/23 Rpt: 21/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rateike, Brad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Indianapolis, IN 46260	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) US Securities and Exchange Commission
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohm, Bryan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Molino Partners LLC
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runzheimer, Daniel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) NA
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal Government
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scharf, Will <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63105	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Harvard

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/23 Rpt: 22/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Self, Meagan <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229	<b>7</b> Amount of Contribution (\$)  \$520.51
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Law Firm
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Ilya Contributor address; City; State; Zip Code  Falls Church, VA 22046	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Latham Watkins
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheketoff, Julia Contributor address; City; State; Zip Code  Urbana, IL 61801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Venture capitalist		Employer (See Instructions) Learn Capital
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wyatt Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Matt Contributor address; City; State; Zip Code  Los Altos, CA 94022	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Williams Connolly

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/23 Rpt: 23/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Abraham <hr/> <b>6</b> Contributor address; City; State; Zip Code  Black Mountain, NC 28711	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) VP		<b>9</b> Employer (See Instructions) Axiom
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taibleson, Rebecca <hr/> Contributor address; City; State; Zip Code  Milwaukee, WI 53217	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tayrani, Amir <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22314	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quinn Emanuel Urquhart Sullivan LLP
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Will <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Consovoy McCarthy PLLC
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timmons, Brian <hr/> Contributor address; City; State; Zip Code  Manhattan Beach, CA 90266	Amount of Contribution (\$)  \$5,205.08
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Greene, Broillet and Wheeler LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/23 Rpt: 24/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tisch, Sam <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10028	<b>7</b> Amount of Contribution (\$) \$10,410.16
<b>8</b> Principal occupation / Job title (See Instructions) Public Relations		<b>9</b> Employer (See Instructions) Bar Communications
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Town, Jay <hr/> Contributor address; City; State; Zip Code  Huntsville, AL 35801	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tseytlin, Misha <hr/> Contributor address; City; State; Zip Code  Winnetka, IL 60093	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) UT Health RGV
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Dana <hr/> Contributor address; City; State; Zip Code  Washington, DC 20007	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dechert LLP
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, John <hr/> Contributor address; City; State; Zip Code  Fairfax, VA 22032	Amount of Contribution (\$) \$312.30
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/23 Rpt: 25/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Raymond <b>6</b> Contributor address; City; State; Zip Code  Mcallen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$520.51
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Ryan Contributor address; City; State; Zip Code  Lake Mills, WI 53551	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Christopher Kercher
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Paul Contributor address; City; State; Zip Code  Kapolei, HI 96707	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gray Analytics
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Beth Contributor address; City; State; Zip Code  Mc Lean, VA 22101	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Arnold Porter Kaye Scholer LLP
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Hugh Contributor address; City; State; Zip Code  Denver, CO 80206	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Law		Employer (See Instructions) Loewy Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/23 Rpt: 26/65
<b>2</b> FILER NAME Bash, John (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$) \$520.51
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Caris MPI
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) berman, andrew <hr/> Contributor address; City; State; Zip Code  New York, NY 10013	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Bank OZK
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jensen, jeff <hr/> Contributor address; City; State; Zip Code  Ballwin, MO 63021	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Kellogg Hansen

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/38 Rpt: 27/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/22/2025	<b>5</b> Payee name ANDERSON, JOHN	
<b>6</b> Amount (\$) \$104.10	<b>7</b> Payee address; City; State; Zip Code 36 Centaurus Ranch Road  Santa Fe, NM 87507	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/11/2025	Candidate/Officeholder name Adams, Kevin	Office sought Office held
Amount (\$) \$104.10	Payee address; City; State; Zip Code 320 Halstead Avenue Apt 1414  Harrison, NY 10528	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/11/2025	Candidate/Officeholder name Almonte II, Robert	Office sought Office held
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 9901 IH-10  San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/38 Rpt: 28/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Appleberry, Ginger	
<b>6</b> Amount (\$) \$1,041.02	<b>7</b> Payee address; City; State; Zip Code 3211 Drexel Dr  Dallas, TX 75205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Augustine, Rene	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 8514 Country Club Dr.  Bethesda, MD 20817	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Badali, Chris	
Amount (\$) \$104.10	Payee address; City; State; Zip Code 114 Segovia way  Jupiter, FL 33458	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/38 Rpt: 29/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/12/2025	<b>5</b> Payee name Bash, Camille	
<b>6</b> Amount (\$) \$9,369.14	<b>7</b> Payee address; City; State; Zip Code 10959 Shadow Lane  Columbia, MD 21044	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Bash, Camille	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 10959 Shadow Lane  Columbia, MD 21044	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Blase, Elizabeth	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 4700 Linnean Avenue Northwest,  Washington, DC 20008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/38 Rpt: 30/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/23/2025	<b>5</b> Payee name Blatt, Lisa	
<b>6</b> Amount (\$) \$3,123.05	<b>7</b> Payee address; City; State; Zip Code 2836 Albemarle St NW  Washington, DC 20008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Brewer, Robert	
Amount (\$) \$260.25	Payee address; City; State; Zip Code 415 Laurel St.  San Diego, CA 92101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/38 Rpt: 31/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/19/2025	<b>5</b> Payee name Broillet, Gaetana	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 3403 Olympic Avenue  El Paso, TX 79904	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name Burke, Steve	
Amount (\$) \$260.25	Payee address; City; State; Zip Code 19711 Ivory Brook Dr.  Houston, TX 77094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2025	Payee name Catterall, Arthur	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 709 Oakland Ave.  Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/38 Rpt: 32/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Caughey, Ryan	
<b>6</b> Amount (\$) \$2,602.54	<b>7</b> Payee address; City; State; Zip Code 3838 Overbrook Lane  Houston, TX 77027	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2025	Payee name Caytas, Joanna	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 3233 West Dallas Street, Unit 1901  Houston, TX 77019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Churi, Salen	
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 3203 park hills dr  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/38 Rpt: 33/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/11/2025	<b>5</b> Payee name Cole, Scott	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 5209 Spanish Oaks Club Blvd  Austin, TX 78738	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Cooper, Sam	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 408 13tg street NE  Washington DC, DC 20003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2025	Payee name Corkery, Neil	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 118 Via Vizcaya  Palm Beach, FL 33480	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/38 Rpt: 34/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/27/2025	<b>5</b> Payee name Crosley, Archer	
<b>6</b> Amount (\$) \$1,041.02	<b>7</b> Payee address; City; State; Zip Code 412 Lindberg  Mcallen, TX 78501	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Cutrona, Danielle	
Amount (\$) \$520.51	Payee address; City; State; Zip Code PO Box 9803  Washington, DC 20016	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/38 Rpt: 35/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name DaCunha, Alyssa	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 3026 N. Edison St.  Arlington, VA 22207	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Dahl, Brock	
Amount (\$) \$520.51	Payee address; City; State; Zip Code PO Box 341153  Bethesda, MD 20827	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2025	Payee name Davis, Michael	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 1010 K Street NE  Washington, DC 20002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/38 Rpt: 36/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name Degani, Nicholas	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 3212 N Kensington St  Arlington, VA 22207	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Delrahim, Makan	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5841 Round Meadow Rd  Calabasas, CA 91302	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Denton, John	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 3005 Chatelaine Dr  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/38 Rpt: 37/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name Doty, George	
<b>6</b> Amount (\$) \$520.51	<b>7</b> Payee address; City; State; Zip Code 1040 Park Avenue  New York, NY 10028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Dubinsky, Gregory	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 145 W 58 St, Apt 8D  New York, NY 10019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2025	Payee name Dwyer, Kellen	
Amount (\$) \$104.10	Payee address; City; State; Zip Code 113 S. St. Asaph  alexandria, VA 22314	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/38 Rpt: 38/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name Elias, Hani	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1 Rockefeller Plaza  New York, NY 10020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name Elwood, John	
Amount (\$) \$312.30	Payee address; City; State; Zip Code 513 Duke Street  Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Enzel, Lenore	
Amount (\$) \$104.10	Payee address; City; State; Zip Code 3012 Titanic Ave  El Paso, TX 79904	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/38 Rpt: 39/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/13/2025	<b>5</b> Payee name Eyler, Gus	
<b>6</b> Amount (\$) \$1,041.02	<b>7</b> Payee address; City; State; Zip Code 7219 Arrowood Road  Bethesda, MD 20817	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2025	Payee name Ferrara, Melanie	
Amount (\$) \$104.10	Payee address; City; State; Zip Code 939 W. Hawthorne St.  Ontario, CA 91762	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2025	Payee name FerraraPape, Carol	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 564 Durham Road  Sayville, NY 11782	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/38 Rpt: 41/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Gelman, Alexander	
<b>6</b> Amount (\$) \$104.10	<b>7</b> Payee address; City; State; Zip Code 1100 S Cynthia St  McAllen, TX 78501	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Gelman, Rachel	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 104 SE Greenbriar Sq  McAllen, TX 78503	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Gelman, Sharon	
Amount (\$) \$5,205.08	Payee address; City; State; Zip Code 506 W Smith Drive  Pharr, TX 78577	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/38 Rpt: 42/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name Gilbreath, Jake	
<b>6</b> Amount (\$) \$5,205.08	<b>7</b> Payee address; City; State; Zip Code 2102 Sharon Lane  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Gilbreath, Sarah	
Amount (\$) \$5,205.08	Payee address; City; State; Zip Code 2102 Sharon Lane  Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Gilzene, Jody	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 4212 Eldorado Dr  Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/38 Rpt: 43/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name Goldsmith, Jack	
<b>6</b> Amount (\$) \$520.51	<b>7</b> Payee address; City; State; Zip Code 132 Bellevue Street  Newton, MA 02458	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Goldsmith, Jack	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 132 Bellevue Street  Newton, MA 02458	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2025	Payee name Gould, Andrew	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 5443 Dumfries Dr  Houston, TX 77096	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/38 Rpt: 44/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/24/2025	<b>5</b> Payee name Harris, Jeffrey	
<b>6</b> Amount (\$) \$1,041.02	<b>7</b> Payee address; City; State; Zip Code 502 Summers Court  Alexandria, VA 22301	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2025	Payee name Hart, Eric	
Amount (\$) \$2,082.03	Payee address; City; State; Zip Code 1200 Green Oaks Drive  Greenwood Village, CO 80121	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/18/2025	Payee name Henneke, Keith	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 5001 Calhoun Canyon Loop  Austin, TX 78735	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/38 Rpt: 45/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/15/2025	<b>5</b> Payee name Hock, Stacy	
<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code 3331 Westlake Drive  Austin, TX 78746	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Hoff, Ashley	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6604 Estana Ln  Austin, TX 78739	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/18/2025	Payee name Huff, Kevin	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 1229 Earnestine Street  Mc Lean, VA 22101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/38 Rpt: 46/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/11/2025	<b>5</b> Payee name Humphrey, Dan	
<b>6</b> Amount (\$) \$104.10	<b>7</b> Payee address; City; State; Zip Code 2772 SW 34 Ave  Miami, FL 33133	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2025	Payee name Hur, Robert	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 3200 38th Street NW  Washington, DC 20016	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2025	Payee name Jay, William	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 438 Summers Dr  Alexandria, VA 22301	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/38 Rpt: 47/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/30/2025	<b>5</b> Payee name Johnson, Jeff	
<b>6</b> Amount (\$) \$104.10	<b>7</b> Payee address; City; State; Zip Code 3656 Fairview Avenue  St. Louis, MO 63116	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Johnson, Thomas	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 8296 Glen Cove Court  Alexandria, VA 22308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2025	Payee name Kercher, Christopher	
Amount (\$) \$10,410.16	Payee address; City; State; Zip Code 295 Fifth Ave  Purchase, NY 10016	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/38 Rpt: 48/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Kilberg, Andrew	
<b>6</b> Amount (\$) \$1,041.02	<b>7</b> Payee address; City; State; Zip Code 6715 Wemberly Way  Mc Lean, VA 22101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2025	Payee name King, Patrick	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 16806 Okachobee Drive  Houston, TX 77044	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2025	Payee name Klein, Adam	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5302 Valburn Circle  Austin, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/38 Rpt: 49/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/24/2025	<b>5</b> Payee name Krueger, Matthew	
<b>6</b> Amount (\$) \$208.20	<b>7</b> Payee address; City; State; Zip Code 5138 N Ardmore Ave  Milwaukee, WI 53217	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2025	Payee name LELLING, ANDREW	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 18 POND VIEW CIR  Sharon, MA 02067	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2025	Payee name Ledbetter, Bradford	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1157 The High Road  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/38 Rpt: 50/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/15/2025	<b>5</b> Payee name Loewy, Adam	
<b>6</b> Amount (\$) \$2,602.54	<b>7</b> Payee address; City; State; Zip Code 7000 MoPac Expressway, Suite 200  Austin, TX 78731	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name Lombard, Daniel	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1940 W. Patterson Ave.  Chicago, IL 60613	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Loomis, Alex	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 712 Snowden Hallowell Way  Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/38 Rpt: 51/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/11/2025	<b>5</b> Payee name Mahoney, Curtis	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 2131 104th PI SE  Bellevue, WA 98004	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/38 Rpt: 52/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name McGinley, Michael	
<b>6</b> Amount (\$) \$520.51	<b>7</b> Payee address; City; State; Zip Code 214 Glenmoor Rd  Gladwyne, PA 19035	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2025	Payee name Michel, Christopher	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 230 W. Windsor Ave.  Alexandria, VA 22301	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2025	Payee name Mirski, Sean	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3815 14th St. N.W. #3  Washington, DC 20011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/38 Rpt: 53/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/18/2025	<b>5</b> Payee name Nolan, Christina	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 464 S Union St  Burlington, VT 05404	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Ofek, Hillel	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 215 Brazos St Apt 2209  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/25/2025	Payee name Pak, BJay	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 1201 W. Peachtree St. NW  Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/38 Rpt: 54/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Pak, Sean	
<b>6</b> Amount (\$) \$10,410.16	<b>7</b> Payee address; City; State; Zip Code 207 Beach Rd  Belvedere Tiburon, CA 94920	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2025	Payee name Potter, David	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 22615 Sweet Summer Dr  Leander, TX 78641	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Pozos, Antonio	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 101 Birches Lane  Bryn Mawr, PA 19010	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/38 Rpt: 55/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name Rateike, Brad	
<b>6</b> Amount (\$) \$104.10	<b>7</b> Payee address; City; State; Zip Code 8710 Williamshire East Drive  Indianapolis, IN 46260	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Rohm, Bryan	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 14726 Cindywood Drive  Houston, TX 77079	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/18/2025	Payee name Runzheimer, Daniel	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5535 Memorial Dr, Ste F1079  Houston, TX 77007	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/38 Rpt: 56/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name Russell, Patrick	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 2306 Trafalgar Drive  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name Scharf, Will	Office sought Office held
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 8125 Stratford Drive  St. Louis, MO 63105	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/10/2025	Candidate/Officeholder name Self, Meagan	Office sought Office held
Amount (\$) \$520.51	Payee address; City; State; Zip Code 11430 Wonderland Trail, Dallas, TX, USA  Dallas, TX 75229	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/38 Rpt: 57/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Shapiro, Ilya	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 209 Midvale St.  Falls Church, VA 22046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Sheketoff, Julia	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2207 Combes St  Urbana, IL 61801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Smith, Wyatt	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6931 Pasadena Ave  Dallas, TX 75214	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/38 Rpt: 58/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/23/2025	<b>5</b> Payee name Steiner, Matt	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 276 Delphi Cir  Los Altos, CA 94022	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Sutherland, Abraham	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 106 Connally St.  Black Mountain, NC 28711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name Taibleson, Rebecca	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1518 E. Goodrich Ln  Milwaukee, WI 53217	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/38 Rpt: 59/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/12/2025	<b>5</b> Payee name Tayrani, Amir	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 209 S. Fairfax Street  Alexandria, VA 22314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/25/2025	Payee name Thomas, Will	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 2128 Dunstan  Houston, TX 77005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name Timmons, Brian	
Amount (\$) \$5,205.08	Payee address; City; State; Zip Code 501 Manhattan Ave  Manhattan Beach, CA 90266	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/38 Rpt: 60/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Tisch, Sam	
<b>6</b> Amount (\$) \$10,410.16	<b>7</b> Payee address; City; State; Zip Code 983 Park Avenue, 11c  New York, NY 10028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2025	Payee name Town, Jay	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 2705 Chandler Circle  Huntsville, AL 35801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Tseytlin, Misha	
Amount (\$) \$1,041.02	Payee address; City; State; Zip Code 18 Country Lane  Winnetka, IL 60093	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/38 Rpt: 61/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Wade, Dana	
<b>6</b> Amount (\$) \$520.51	<b>7</b> Payee address; City; State; Zip Code 4615 Foxhall Crescent NW  Washington, DC 20007	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2025	Payee name Walk, John	
Amount (\$) \$312.30	Payee address; City; State; Zip Code 10061 Maclura Court  Fairfax, VA 22032	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2025	Payee name Walker, Raymond	
Amount (\$) \$520.51	Payee address; City; State; Zip Code 1012 e dove avenue apt 3  Mcallen, TX 78504	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/38 Rpt: 62/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/16/2025	<b>5</b> Payee name Walsh, Ryan	
<b>6</b> Amount (\$) \$1,041.02	<b>7</b> Payee address; City; State; Zip Code 340 S Main St  Lake Mills, WI 53551	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Watson, Paul		
Amount (\$) \$52.05	Payee address; City; State; Zip Code 92-1196 , Olani St Unit 4  Kapolei, HI 96707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name Williams, Beth		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 1596 Highland Glen Pl  Mc Lean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/38 Rpt: 64/65	<b>2</b> FILER NAME Bash, John (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089623
<b>4</b> Date 04/09/2025	<b>5</b> Payee name berman, andrew	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 93 worth street, 904  New York, NY 10013	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/18/2025	Payee name jensen, jeff	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 609 Waterford Ridge Court  Ballwin, MO 63021	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION REFUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

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**1** C/OH NAME

Bash, John (Mr.)

**2** Filer ID

(Ethics Commission Filers)

00089623

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Mr. John Bash

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below only if you are not an officeholder \*\***

**A CAMPAIGN FUNDS**

Check only one:

☒

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

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**

Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from 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. John 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