

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers) 00090097		<b>2</b> Total pages filed: 24		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST John Michael	MI MI	Date Received ELECTRONICALLY FILED 01/14/2026	
	NICKNAME	LAST Hash	SUFFIX	Date Hand-delivered or Date Postmarked	
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year 07/01/2025	THROUGH	Month Day Year 12/31/2025		

**6 EXPLANATION OF CORRECTION**

During original reporting, we pulled donation information from our ActBlue account. This reported total donations but did not include the fee that ActBlue charges for servicing donations for a campaign. Upon realizing these were not reported, I made updates to expenses from political contributions to reflect the service fee from ActBlue.

**7 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. John Michael Hash

\_\_\_\_\_  
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 oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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) 00090097		2 Total pages filed: 24	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST John Michael		OFFICE USE ONLY  Date Received ELECTRONICALLY FILED 01/14/2026
	NICKNAME		LAST Hash		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 15023 Wells Port Dr.		ZIP CODE		Date Hand-delivered or Date Postmarked
	Austin , TX 78728				Receipt #
					Amount
					Date Processed
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST John Michael		MI
	NICKNAME		LAST Hash		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 15023 Wells Port Dr.		APT / SUITE #; CITY; STATE; ZIP CODE		Austin, TX 78728
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(530)	318-4129			
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	07/01/2025				12/31/2025
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
	03/03/2026				
11 OFFICE	OFFICE HELD (if any) None District 50 Travis			12 OFFICE SOUGHT (if known) State Representative District 50	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Hash, John Michael (Mr.)	14 Filer ID	(Ethics Commission Filers)
		00090097	

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)	\$ 18,605.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,424.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,665.72
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 Michael Hash

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> Hash, John Michael (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00090097
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,555.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 50.00
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	\$ 3,424.10
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: 1/10 Rpt: 5/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Edgar <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Product Support		<b>9</b> Employer (See Instructions) Insightsoftware
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Cameron Contributor address; City; State; Zip Code  Brooklyn, NY 11238	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Google
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Michelle Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Michelle Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baloch, Mohammed Contributor address; City; State; Zip Code  Minneapolis, MN 55408	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Tech		Employer (See Instructions) Auctane

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/10 Rpt: 6/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosch, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bellevue, WA 98008	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Medical Metrics, Inc.
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Nonprofit
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Daniel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77065	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Laboratory Technician		Employer (See Instructions) Core Laboratories
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Rosie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casper, William <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Chief Accounting Officer		Employer (See Instructions) Auctane 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: 3/10 Rpt: 7/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Blake <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Program Manger		<b>9</b> Employer (See Instructions) Auctane
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cote, Eleanor <hr/> Contributor address; City; State; Zip Code  D Hanis, TX 78850	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) UT Austin
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Dania <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75227	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Customer Success Advisor		Employer (See Instructions) Auctane
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Anne <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Auctane
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fruehling, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Art Director		Employer (See Instructions) Health Care Service Corporation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/10 Rpt: 8/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Edgar <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Training Coordinator		<b>9</b> Employer (See Instructions) UT Austin
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hash, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$2,100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hash, John <hr/> Contributor address; City; State; Zip Code  Incline Village, NV 89451	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hash, Ruth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Sr. Program Manager		Employer (See Instructions) Auctane
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hsia, Scarlett <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) Department of Interior



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/10 Rpt: 9/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K Lanahan, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78728	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Senior Implementation Coordinator - Tech		<b>9</b> Employer (See Instructions) OnRamps
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneally, Alexandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Auctane
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerecman, Loreni <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UT Austin
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Korbin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Verizon wireless
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerch, Christopher <hr/> Contributor address; City; State; Zip Code  Mountain Home, TX 78058	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/10 Rpt: 10/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Jong Hoon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aubrey, TX 76227	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions) Alkami Technology
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathers, Genevive <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) Bp America
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayer, Michael <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Animal Care		Employer (See Instructions) Michael Mayer
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Phillip <hr/> Contributor address; City; State; Zip Code  Colorado Springs, CO 80910	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Inventory		Employer (See Instructions) Sam's Club
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Charlotte <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Auctane

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/10 Rpt: 11/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Myrtle Beach, SC 29575	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Cause Partnerships Manager		<b>9</b> Employer (See Instructions) Children's Miracle Network Hospitals
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Halloran, Katie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physical therapist		Employer (See Instructions) BSW
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavlasek, Velma <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Amanda <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Data analyst		Employer (See Instructions) Schwab
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peña, Jennifer <hr/> Contributor address; City; State; Zip Code  Eagle Pass, TX 78852	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Outreach Coordinator		Employer (See Instructions) UT Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/10 Rpt: 12/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 11/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prather, Peggy <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scherr, Maryjane <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77345	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sopko, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Bjorn <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Resident Physician		Employer (See Instructions) HCA
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Lindsay <hr/> Contributor address; City; State; Zip Code  Glendale, AZ 85310	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Data Analysts		Employer (See Instructions) UCLA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/10 Rpt: 13/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockinger, Kathryne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78728	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Backpack Group
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suneson, Neil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vara, Marissa <hr/> Contributor address; City; State; Zip Code  Denver, CO 80212	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Higher Education Specialist		Employer (See Instructions) Nonprofit
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, David <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Woven by Toyota, U.S., Inc.
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Luis <hr/> Contributor address; City; State; Zip Code  Houston, TX 77093	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) Weston Solutions

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/10 Rpt: 14/24
<b>2</b> FILER NAME Hash, John Michael (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Brandy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78728	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Four Seasons Community School
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Robert <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Siemens
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeomans, Jeffery <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Contracts Administrator		Employer (See Instructions) CapMetro
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) richards, terell <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Business Systems analyst		Employer (See Instructions) TEL

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 15/24	
2 FILER NAME Hash, John Michael (Mr.)		3 Filer ID (Ethics Commission Filers) 00090097	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/01/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riddell, Elizabeth	8 Amount of contribution (\$) \$50.00	9 In-kind contribution description Designed branding materials
7 Contributor address; City; State; Zip Code  Austin, TX 78702		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Designer		11 Employer (FOR NON-JUDICIAL) (See instructions) Landor	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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: 1/9 Rpt: 16/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 11/02/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$3.50	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> 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 Fee for donation collection service.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2025	Payee name ActBlue	
Amount (\$) \$14.88	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for donation collection service.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2025	Payee name ActBlue	
Amount (\$) \$39.38	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for donation collection service.
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: 2/9 Rpt: 17/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 11/23/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$20.13	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> 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 Fee for donation collection service.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$350.00	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for donation collection service.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$8.76	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for donation collection service.
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: 3/9 Rpt: 18/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/21/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$7.01	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
<b>8</b> 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 Fee for donation collection service.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name ActBlue	
Amount (\$) \$22.75	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for donation collection service.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name ActBlue	
Amount (\$) \$18.41	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for donation collection service.
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: 4/9 Rpt: 19/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 11/18/2025	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$14.21	<b>7</b> Payee address; City; State; Zip Code 410 Terry Avenue North  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 Miscellaneous: Miscellaneous
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 12/06/2025	Payee name BumperActive.com	
Amount (\$) \$94.99	Payee address; City; State; Zip Code 1045 Reinli Street  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 Field: Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 12/02/2025	Payee name Bumperactive	
Amount (\$) \$867.08	Payee address; City; State; Zip Code 1045 Reinli Street  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 Field: Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None

# 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: 5/9 Rpt: 20/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/02/2025	<b>5</b> Payee name Civitech Pbc	
<b>6</b> Amount (\$) \$32.48	<b>7</b> Payee address; City; State; Zip Code 1023 Springdale Road  Austin, TX 78721	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<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 Field: Voter Data
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 12/28/2025	Payee name Facebook	
Amount (\$) \$6.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 Paid Media: Digital Ads/Social Media
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 12/26/2025	Payee name Facebook	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 Paid Media: Digital Ads/Social Media
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None

# 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: 6/9 Rpt: 21/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/25/2025	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$4.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 Paid Media: Digital Ads/Social Media
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 12/24/2025	Payee name Facebook	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paid Media: Digital Ads/Social Media
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 12/22/2025	Payee name Facebook	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paid Media: Digital Ads/Social Media
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None

# 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: 7/9 Rpt: 22/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/07/2025	<b>5</b> Payee name Hyatt Regency	
<b>6</b> Amount (\$) \$14.00	<b>7</b> Payee address; City; State; Zip Code 208 Barton Springs Road  Austin, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<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 Field: Events - field
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 12/06/2025	Payee name Naacpaustin.c	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1050 E 11th Street #120 Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<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 Field: Events - field
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 11/21/2025	Payee name Old Gregg Brewing Company	
Amount (\$) \$225.73	Payee address; City; State; Zip Code 1900 E Howard Ln Building H Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<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 Finance: Events - fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None

# 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: 8/9 Rpt: 23/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 11/20/2025	<b>5</b> Payee name Printmailpro	
<b>6</b> Amount (\$) \$332.80	<b>7</b> Payee address; City; State; Zip Code 2111 Grand Avenue Parkway  Austin, TX 78728	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 Field: Printing/Lit
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 11/19/2025	Payee name Travis County Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code PO Box 684263  Austin, TX 78768-4263	
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 Finance: Filing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None
Date 12/18/2025	Payee name Wells Branch Mun Utilit	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3000 Shoreline Drive  Austin, TX 78728	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<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 Finance: Events - fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None

# 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: 9/9 Rpt: 24/24	<b>2</b> FILER NAME Hash, John Michael (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090097
<b>4</b> Date 12/28/2025	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) \$12.99	<b>7</b> Payee address; City; State; Zip Code 500 Terry A Francois Blvd  San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<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 Paid Media: Email Marketing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50 Office held None