CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090097	2 Total pages filed: 15	**OFFICE USE ONLY**

OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED
02/23/2026

Date Hand-delivered or Date Postmarked

Receipt #   Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr.	FIRST: John Michael	MI
	NICKNAME	LAST: Hash	SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [X] 15th day after campaign treasurer appointment (officeholder only)
- [ ] Final Report (Attach C/OH-FR)
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month Day Year
01/01/2026

THROUGH

Month Day Year
01/22/2026

6 EXPLANATION OF CORRECTION

Original post contained the end date of 2/22/2026. This is not possible, since it was submitted in January, but could not contain information from February. The original posted date for the end of the report should have been 1/22/2026.

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.

- [X] **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

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers) 00090097	**2** Total pages filed: 15	

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI
	Mr. John Michael

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
02/23/2026

	NICKNAME LAST SUFFIX
	Hash

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE
☐ Change of Address	15023 Wells Port Dr. Austin , TX 78728

Date Hand-delivered or Date Postmarked

Receipt #   Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI
	Mr. John Michael
	NICKNAME LAST SUFFIX
	Hash

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	15023 Wells Port Dr. Austin, TX 78728

7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(530) 318-4129

8 REPORT TYPE

- ☐ January 15
- ☒ 30th day before election
- ☐ Runoff
- ☒ 15th day after campaign treasurer appointment (officeholder only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded modified reporting limit
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED	Month Day Year		Month Day Year
	01/01/2026	THROUGH	01/22/2026

10 ELECTION

ELECTION DATE
Month Day Year
03/03/2026

ELECTION TYPE
- ☒ Primary
- ☐ Runoff
- ☐ Other
- ☐ General
- ☐ Special

11 OFFICE	OFFICE HELD (if any) None District 50 Travis	**12** OFFICE SOUGHT (if known) State Representative District 50

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

☐ Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	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)	$	1,465.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	3,016.08
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$	13,579.82
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

18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Hash, John Michael (Mr.)	00090097	

20 SCHEDULE SUBTOTALS

NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. [X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,465.00
2. [X] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3. [X] SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4. [X] SCHEDULE E: LOANS	$ 0.00
5. [X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 3,016.08
6. [X] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7. [X] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$ 0.00
8. [X] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9. [X] SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$ 0.00
10. [ ] SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. [ ] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12. [ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/3 Rpt: 5/15

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Hash, John Michael (Mr.)	00090097

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/06/2026	Aguirre, Edward	$100.00
	6 Contributor address; City; State; Zip Code	
	Austin, TX 78728	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Retired	None

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/04/2026	Babu, Tania	$25.00
	Contributor address; City; State; Zip Code	
	Missouri City, TX 77459	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Geologist	Jacobs

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/06/2026	Benavidez, Noe	$25.00
	Contributor address; City; State; Zip Code	
	San Antonio, TX 78245	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Project Manager	University of Texas at Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/16/2026	Dorris, Kamie	$20.00
	Contributor address; City; State; Zip Code	
	Austin, TX 78728	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Appraiser	TQAS

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/05/2026	Friedman, Saul	$50.00
	Contributor address; City; State; Zip Code	
	Coppell, TX 75019	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

1 Total pages Schedule A1:

Sch: 2/3 Rpt: 6/15

2 FILER NAME

Hash, John Michael (Mr.)

3 Filer ID (Ethics Commission Filers)

00090097

4 Date 01/11/2026	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) Hash, Cori	**7** Amount of Contribution ($) $500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78723	

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Immigrant Legal Resource Center

Date 01/06/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Kenneally, Lexi	Amount of Contribution ($) $50.00
	Contributor address; City; State; Zip Code Austin, TX 78701	

Principal occupation / Job title (See Instructions)
Operations

Employer (See Instructions)
Auctane

Date 01/22/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Lim, Jong Hoon	Amount of Contribution ($) $200.00
	Contributor address; City; State; Zip Code Aubrey, TX 76227	

Principal occupation / Job title (See Instructions)
Software Engineer

Employer (See Instructions)
Alkami Technology

Date 01/01/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) M Vera, Jesse	Amount of Contribution ($) $50.00
	Contributor address; City; State; Zip Code Austin, TX 78758	

Principal occupation / Job title (See Instructions)
Software Engineer

Employer (See Instructions)
ShipStation

Date 01/15/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Marra, Nicholas	Amount of Contribution ($) $250.00
	Contributor address; City; State; Zip Code Austin, TX 78728	

Principal occupation / Job title (See Instructions)
Software developer

Employer (See Instructions)
GM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Hash, John Michael (Mr.)	00090097

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
01/02/2026	Massad, David	$50.00

6 Contributor address; City; State; Zip Code

Austin, TX 78728

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Master Plumber	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/01/2026	McMaster, Jabyree	$10.00

Contributor address; City; State; Zip Code

Houston, TX 77090

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lead Manager	Apple

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/22/2026	Moss, Loretta	$25.00

Contributor address; City; State; Zip Code

Salina, KS 67401

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	None

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/22/2026	Prather, Peggy	$100.00

Contributor address; City; State; Zip Code

San Antonio, TX 78230

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/01/2026	Valles, Angel	$10.00

Contributor address; City; State; Zip Code

Austin, TX 78705

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule B: Sch: 1/1 Rpt: 8/15

2 FILER NAME Hash, John Michael (Mr.)	**3** Filer ID (Ethics Commission Filers) 00090097

4 TOTAL OF UNITEMIZED PLEDGES	**$**	0.00

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#:_____) **7** Pledgor Address; City; State; Zip Code	**8** Amount of pledge ($)	**9** In-kind description (If applicable) ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

Sch: 1/1 Rpt: 9/15

2 FILER NAME

Hash, John Michael (Mr.)

3 Filer ID (Ethics Commission Filers)

00090097

4 TOTAL OF UNITEMIZED LOANS

$ 0.00

5 Date of loan	**7** Name of lender □ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
6 Is lender a financial institution?	**8** Lender address; City; State; Zip Code	**10** Interest Rate
		11 Maturity Date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)	

14 Description of Collateral □ None	**15** Check if personal funds were deposited into political account (See Instructions) □	

16 GUARANTOR INFORMATION □ not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)

20 Principal occupation	**21** Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 10/15	Hash, John Michael (Mr.)	00090097

4 Date	5 Payee name
01/04/2026	ActBlue

6 Amount ($)	7 Payee address; City; State; Zip Code
$5.08	366 Summer Street Somerville, MA 02144

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Fees	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Service fee for donations platform

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/11/2026	ActBlue

Amount ($)	Payee address; City; State; Zip Code
$21.88	366 Summer Street Somerville, MA 02144

PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Fees	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Service fee for donation platform

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/18/2026	ActBlue

Amount ($)	Payee address; City; State; Zip Code
$9.45	366 Summer Street Somerville, MA 02144

PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Fees	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Service fee for donation platform

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**

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 11/15	Hash, John Michael (Mr.)	00090097

4 Date	5 Payee name
01/22/2026	ActBlue

6 Amount ($)	7 Payee address; City; State; Zip Code
$3.50	366 Summer Street Somerville, MA 02144

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Service Fee for donation platform

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/09/2026	BumperActive.com

Amount ($)	Payee address; City; State; Zip Code
$1,510.52	1045 Reinli Street Austin, TX 78723

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Field: Road Signs

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50	Office held None

Date	Payee name
01/06/2026	BumperActive.com

Amount ($)	Payee address; City; State; Zip Code
$866.00	1045 Reinli Street Austin, TX 78723

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Field: Printing/Lit

Complete ONLY 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**

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
Sch: 3/6 Rpt: 12/15	Hash, John Michael (Mr.)	00090097	

4 Date	5 Payee name
01/03/2026	Civitech Pbc Civitech.io

6 Amount ($)	7 Payee address; City; State; Zip Code
$32.48	1023 Springdale Road Austin, TX 78721

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Field: Voter Data

9 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	Payee name
01/16/2026	Costco

Amount ($)	Payee address; City; State; Zip Code
$99.98	10401 Research Blvd Austin, TX 78759

PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Event Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name
01/16/2026	Costco

Amount ($)	Payee address; City; State; Zip Code
$43.08	10401 Research Blvd Austin, TX 78759

PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Event Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 13/15	**2** FILER NAME Hash, John Michael (Mr.)	**3** Filer ID (Ethics Commission Filers) 00090097

4 Date 01/15/2026	**5** Payee name Costco

6 Amount ($) $106.84	**7** Payee address; City; State; Zip Code 10401 Research Blvd Austin, TX 78759

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Event Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Field: Events - field

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50	Office held None

Date 01/21/2026	Payee name Facebook

Amount ($) $6.71	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Paid Media: Digital Ads/Social Media

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hash, John	Office sought State Representative District 50	Office held None

Date 01/13/2026	Payee name Facebook

Amount ($) $9.00	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Paid Media: Digital Ads/Social Media

Complete ONLY 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

1 Total pages Schedule F1: Sch: 5/6 Rpt: 14/15	2 FILER NAME Hash, John Michael (Mr.)	3 Filer ID (Ethics Commission Filers) 00090097

4 Date 01/12/2026	5 Payee name Facebook

6 Amount ($) $8.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Paid Media: Digital Ads/Social Media

9 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 01/10/2026	Payee name Facebook

Amount ($) $7.00	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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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 01/16/2026	Payee name Guitar Center

Amount ($) $194.82	Payee address; City; State; Zip Code 2200 South I-35 Round Rock, TX 78681

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Event Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 15/15	Hash, John Michael (Mr.)	00090097

4 Date	**5** Payee name
01/18/2026	The Original Bro

6 Amount ($)	**7** Payee address; City; State; Zip Code
$88.74	2711 La Frontera Blvd Round Rock, TX 78681

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Event Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Field: Volunteer Supplies and Food

9 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	Payee name
01/18/2026	Wells Branch Com

Amount ($)	Payee address; City; State; Zip Code
$3.00	2106 Klattenhoff Dr Austin, TX 78728

PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Printing Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Staff & Admin: Printing (In-house) and Office Supplies

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