### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

The MPAC Instruction	on Guide explains how to complete this form.	2 Total pages filed: 137				
3 COMMITTEE NAM	ЛЕ	00053202	OFFICE USE ONLY			
Austin Travis Co	ounty Emergency Medical Services Employe	e PAC	Date Received ELECTRONICALLY FILED			
			01/03/2024			
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 5817 Wilcab Road Ste 3	CITY; STATE; ZIP				
Change of Addr	<sup>ess</sup> Austin, TX 78721		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR FIRST	MI				
TREASURER NAME	Ms. Selena		Receipt # Amount			
	NICKNAME LAST	SUFFIX	Date Processed			
	Xie		Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) 4710 Heflin Ln.	; APT / SUITE #; CITY; ST/	ATE; ZIP CODE			
	Austin, TX 78721					
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; 4710 Heflin Ln.	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
Change of Addr	<sup>ess</sup> Austin, TX 78721					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 228-9321	EXTENSION				
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	X January 5 Apri		October 5			
	February 5	August 5	November 5			
	March 5 Jun	e 5 September 5	December 5			
11 PERIOD COVERED	Month Day Year 11/26/2023	THROUGH Month 12/25/2	Day Year 2023			
		TO PAGE 2				
Forms provided by <sup>-</sup>	prms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.f1b8c3f1					

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Austin Travis County Er	<b>,</b>	rices Employee PAC	0005320	2		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,945.08		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	66.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	80,109.21		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT						
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.				
		Ms. Se	lena Xie			
		Signature of Car	mpaign Treas	surer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said	, th	nis the	day		
		which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.f1b8c3f1		

### SUBTOTALS - MPAC

### FORM MPAC COVER SHEET PG 3

3 of 137

	18 Filer ID	(Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202	1
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,945.08
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	RGANIZATION	\$
9. X SCHEDULE E: LOANS		\$ 0.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 66.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$

The Instruction Guide explains how to complete this form.       1 Train pages Schemiel A1: Sch: 1/132 Rpi: 4/137         2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC       9 Eiter (This Commission Filers) 00053202         4 Data       5 Fait name of contributor induction of contributor inductions of the commission Filers) Austin. TX 78721       7 Amount of Contribution (\$) 4 Austin. TX 78721         8 Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) City of Austin       Amount of Contribution (\$) 4 Austin. TX 78721         9 Principal occupation / Job title (See Instructions) Medic       Full name of contributor induction (\$) Austin. TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$) 4 Austin. TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) 5 2.00         Date       Full name of contributor inductions) Addocok, Brandon       Employer (See Instructions) City of Austin       Amount of Contribution (\$) 5 3.00         Date       Full name of contributor inductions) Addocok, Brandon       Employer (See Instructions) City of Austin       Amount of Contribution (\$) 5 3.00         Date       Full name of contributor inductions (\$) Addocok, Brandon       Employer (See Instructions) City of Austin       Amount of Contribution (\$) 5 3.00         Date       Full name of contributor inductions (\$) Addocok, Brandon       Employer (See Instructions) Cit							
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributor       out-of-state PAC (Descinational Contribution (S)       7 Amount of Contribution (S)         12/08/2023       6 Contributor address; City; State; Zip Code       7 Imployer (See Instructions)       7 Imployer (See Instructions)         8 Principal occupation / Job tile (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/22/2023       Addrock, Brandon       Contributor address; City; State; Zip Code       Amount of Contribution (S)         12/08/2023       Full name of contributor       osc-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/08/2023       Full name of contributor       osc-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/08/2023       Full name of contributor       osc-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/22/2023 <td></td> <td>The Instru</td> <td>ction Guide explains how to complete this f</td> <td>orm.</td> <td>1</td> <td></td> <td></td>		The Instru	ction Guide explains how to complete this f	orm.	1		
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributor       out-of-state PAC (Descinational Contribution (S)       7 Amount of Contribution (S)         12/08/2023       6 Contributor address; City; State; Zip Code       7 Imployer (See Instructions)       7 Imployer (See Instructions)         8 Principal occupation / Job tile (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/22/2023       Addrock, Brandon       Contributor address; City; State; Zip Code       Amount of Contribution (S)         12/08/2023       Full name of contributor       osc-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/08/2023       Full name of contributor       osc-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/08/2023       Full name of contributor       osc-of-state PAC (Descinational Contribution (S)       Amount of Contribution (S)         12/22/2023 <td>2</td> <td>FILER NAME</td> <td></td> <td></td> <td>3</td> <td>Filer ID (Ethics Commission</td> <td>Filers)</td>	2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
12/08/2023       Adams, William       \$2.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         8       Principal occupation / Job tite (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         Principal occupation / Job tite (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       Cit		Austin Travis	s County Emergency Medical Services Employee P,	AC		00053202	
12/08/2023       Adams, William       \$2.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         8       Principal occupation / Job tite (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         Principal occupation / Job tite (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       Cit	4	Date	<b>5</b> Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         B       Principal occupation / Job title (See Instructions)       9         Employer (See Instructions)       Amount of Contribution (\$)         12/22/2023       Full name of contributor of out-of-state PAC (10#:		12/08/2023	Adams, William				\$2.00
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8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor out-of-state PAC (ID#:) Adams, William Contributor address; City; State; Zip Code       Amount of Contribution (S) \$2.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S) \$3.00         Date 12/08/2023       Full name of contributor out-of-state PAC (ID#:) Adcock, Brandon Contributor address; City; State; Zip Code       Amount of Contribution (S) \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (S) \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (S) \$3.00       \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (S) \$3.00       \$3.00         12/22/2023       Full name of contributor out-of-state PAC (ID#:) Adcock, Brandon Contributor address; City; State; Zip Code       Amount of Contribution (S) \$3.00       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S) \$2.50       \$2.50         12/08/2023       Full name of contributor		I					
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor out-of-state PAC (ID#:) Adams, William Contributor address; City; State; Zip Code       Amount of Contribution (S) \$2.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S) \$3.00         Date 12/08/2023       Full name of contributor out-of-state PAC (ID#:) Adcock, Brandon Contributor address; City; State; Zip Code       Amount of Contribution (S) \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (S) \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (S) \$3.00       \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (S) \$3.00       \$3.00         12/22/2023       Full name of contributor out-of-state PAC (ID#:) Adcock, Brandon Contributor address; City; State; Zip Code       Amount of Contribution (S) \$3.00       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S) \$2.50       \$2.50         12/08/2023       Full name of contributor		I					
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         12/22/2023       Adams, William       \$2.00         Contributor address; City, State; Zip Code       Employer (See Instructions)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#							
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.00         12/22/2023       Adams, William       \$2.00       \$2.00       \$2.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$2.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:	8		pation / Job title (See Instructions)		5)		
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Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (Da#)         Adcock, Brandon       Austin, TX 78721       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       S3.00         Austin, TX 78721       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Nedic       Adcock, Brandon       City of Austin       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#		12/22/2023					\$2.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Adcock, Brandon       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       S3.00         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Adcock, Brandon       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Pate       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions)       \$2.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$) <td></td> <td>l</td> <td></td> <td></td> <td>]</td> <td></td> <td></td>		l			]		
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Adcock, Brandon       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       S3.00         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Adcock, Brandon       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Pate       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions)       \$2.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$) <td></td> <td>I</td> <td></td> <td></td> <td></td> <td></td> <td></td>		I					
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Dringinal occu		Employer (See Instructions			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       City of Austin       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:			pation / Job lite (See instructions)		5)		
12/08/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;)         12/22/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Guit-of-state PAC (ID#;	╞			-	—		
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         12/22/2023         Adcock, Brandon         Contributor address; City; State; Zip Code         Adstin, TX 78721         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Quilar, Ricardo         City of Austin         Date         Full name of contributor         Qui-of-state PAC (ID#:         City of Austin         City of Austin         City of Austin         City Of Austin         S2.50         Contributor address; City; State; Zip Code         Aguilar, Ricardo         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code				)		Amount of Contribution (\$)	¢2 00
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor out-of-state PAC (ID#:)         Adcock, Brandon       Adcock, Brandon         12/22/2023       Adcock, Brandon         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Guitor, TX 78721         Date       Full name of contributor out-of-state PAC (ID#:)         Aguilar, Ricardo       City of Austin         12/08/2023       Full name of contributor out-of-state PAC (ID#:)         Aguilar, Ricardo          Contributor address; City; State; Zip Code          Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)		12/00/2023			-		და.იი
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Date       Full name of contributor       out-of-state PAC (ID#:) Auguilar, Ricardo       Amount of Contribution (\$)         12/08/2023       Aguilar, Ricardo       \$2.50         Austin, TX 78721       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50		l	Contributor address; City; State, Zip Code				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Date       Full name of contributor       out-of-state PAC (ID#:) Auguilar, Ricardo       Amount of Contribution (\$)         12/08/2023       Aguilar, Ricardo       \$2.50         Austin, TX 78721       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50		l					
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Aguilar, Ricardo       Amount of Contribution (\$)         12/08/2023       Aguilar, Ricardo       \$2.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		l	Austin, TX 78721				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Quilar, Ricardo       Out-of-state PAC (ID#:)         Aguilar, Ricardo       \$2.50         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
12/22/2023       Adcock, Brandon       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Aguilar, Ricardo       Aguilar, Ricardo       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Aguilar, Ricardo       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Medic		City of Austin			
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occuation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:)         Aguilar, Ricardo         Contributor address; City; State; Zip Code         Aguilar, Ricardo         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Aguilar, Ricardo       Amount of Contribution (\$) \$2.50         12/08/2023       Aguilar, Ricardo       \$2.50         Contributor address; City; State; Zip Code       Imployer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50		12/22/2023	Adcock, Brandon				\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Aguilar, Ricardo         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Aguilar, Ricardo         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		I					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Aguilar, Ricardo         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		l					
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Aguilar, Ricardo       \$2.50         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)				1			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Aguilar, Ricardo       \$2.50         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			pation / Job title (See Instructions)		5)		
12/08/2023       Aguilar, Ricardo       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Medic		City of Austin	_		
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)				)		Amount of Contribution (\$)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		12/08/2023	Aguilar, Ricardo		]		\$2.50
Principal occupation / Job title (See Instructions) Employer (See Instructions)		l	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		I					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		I	Auctin TY 79721				
	┝	Principal occur		Employer (See Instructions	$\sum_{n}$		
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The l	nstrue	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 2/132 Rpt: 5/137
2 FILER	NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		County Emergency Medical Services Employee P	AC	00053202
4 Date		5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/	/2023	Aguilar, Ricardo		\$2.50
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78721	1	
8 Princip Medic		pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	;		City of Austin	1
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/	/2023			\$3.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
Princin	al occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
Medic			City of Austin	3)
Date		Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/	/2023	Full name of contributor out-of-state PAC (ID#: Albear, Oscar	)	\$3.00
± <i>C; c c,</i>	12020	Contributor address; City; State; Zip Code		
		Continuator address, City, State, Zip Code		
		Austin, TX 78721		
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic	;		City of Austin	
Date		Full name of contributor out-of-state PAC (ID#:_	<u>.</u> )	Amount of Contribution (\$)
12/08/	/2023	Allen, Janel		\$3.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic	;		City of Austin	
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/	/2023	Allen, Janel		\$3.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
Princin		pation / Job title (See Instructions)	Employer (See Instructions	
Medic			City of Austin	5)
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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 3/132 Rpt: 6/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Almaguer, Luis		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Almaguer, Luis		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Almodovar, Alejandra	)	Amount of Contribution (\$) \$5.00
12/00/2023			ψο.ου
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Almodovar, Alejandra		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u>.</u>	
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Anderson, Scott		\$1.00
	Contributor address; City; State; Zip Code		
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	Austin, TX 78721	1	
-	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/132 Rpt: 7/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Anderson, Scott		\$1.00
	6 Contributor address; City; State; Zip Code		1
2 Dringingloggy	Austin, TX 78721		
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	·,
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/22/2023	Anthon, McKenna		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Armas, David		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	c)
Medic		City of Austin	<i>,</i> ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Armas, David	/	\$3.00
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	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/132 Rpt: 8/137	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	s County Emergency Medical Services Employee PA			00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/08/2023	Armstrong, Charles				\$1.00
	I	6 Contributor address; City; State; Zip Code		•		
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	I	Austin, TX 78721				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>-</u> 5)		
	Medic	,	City of Austin			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/22/2023	Armstrong, Charles				\$1.00
	I	Contributor address; City; State; Zip Code		1		
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		Austin, TX 78721				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/08/2023	Arocha-Guerra, Val				\$3.00
	I	Contributor address; City; State; Zip Code		1		
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		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/22/2023	Arocha-Guerra, Val				\$3.00
	I	Contributor address; City; State; Zip Code	1	1		
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		Austin, TX 78721		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin	—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/08/2023	Aubin, Scott				\$3.00
	I	Contributor address; City; State; Zip Code				
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	<u> </u>	Austin, TX 78721		ŕ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/132 Rpt: 9/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Aubin, Scott		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
		City of Austin	F
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Aune, Joseph		\$3.00
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	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/08/2023	Avila, America		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing ago	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	6)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Avila, America		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	,

The Instruc	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 7/132 Rpt: 10/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employ	yee PAC	00053202
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of Contribution (\$)
12/08/2023	Azelton, Andrew		\$2.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instruction	IS)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)
12/22/2023	Azelton, Andrew		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instruction	IS)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)
12/08/2023	Azuara Mendez, Elvia		\$3.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Dringingl occur		Employer (See Instruction	
Medic	pation / Job title (See Instructions)	City of Austin	(5)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)
12/22/2023	Azuara Mendez, Elvia		\$3.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	 IS)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAG		Amount of Contribution (\$)
12/08/2023	Bailey, Charles	с (ID#,	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	1S)
Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)
	pation / Job title (See Instructions)		ns)

The li	e Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 8/132 Rpt: 11/137	
2 FILER	NAME			3	Filer ID (Ethics Commission	Filers)
		County Emergency Medical Services Employee F	PAC	1	00053202	- ,
4 Date		5 Full name of contributor out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
12/22/	/2023	Bailey, Charles				\$3.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78721	-			
		pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
Medic			City of Austin			
Date		Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
12/08/	/2023	Bailey, James				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721	-1	L		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic			City of Austin	_		
Date		Full name of contributor out-of-state PAC (ID#	t:)	]	Amount of Contribution (\$)	
12/22/	/2023	Bailey, James				\$3.00
		Contributor address; City; State; Zip Code		]		
		Austin TV 70701				
Drinoin		Austin, TX 78721	Employer (See Instructions			
Medic		pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
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Date		Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	÷0.00
12/08/	2023	Baker, Alexander				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
Medic			City of Austin	5)		
					(the second seco	
Date 12/22/	12022	Full name of contributor out-of-state PAC (ID# Baker, Alexander	£:)		Amount of Contribution (\$)	\$3.00
121221	2023					Φ3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
Principa	al occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ر)</u>		
Medic			City of Austin	5)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/132 Rpt: 12/137	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		s County Emergency Medical Services Employee P	AC		00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/08/2023	Baker, Amanda				\$2.50
	I	6 Contributor address; City; State; Zip Code		1		
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	l	August TV 70704				
_	Dringinal agou	Austin, TX 78721	Contructions	-)		
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>*</b> 0 F0
	12/22/2023					\$2.50
	I	Contributor address; City; State; Zip Code				
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	I	Austin, TX 78721				
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	Medic		City of Austin	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀር ባባ
	12/08/2023					\$5.00
	I	Contributor address; City; State; Zip Code				
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	l	Austin, TX 78721				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic	,	City of Austin	-,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	12/22/2023	Baker, Coty	/		Allount of Continuation (+)	\$5.00
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	I					
	l	Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/08/2023	Balboa, Adam				\$2.00
	I	Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 10/132 Rpt: 13/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Balboa, Adam		\$2.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Barch-Chandler, Travis		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Barch-Chandler, Travis		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Barnhart, Jennifer		\$3.00
	Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721	1	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Barnhart, Jennifer		\$3.00
	Contributor address; City; State; Zip Code		
Di indaan	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/132 Rpt: 14/137
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 12/08/2023	5 Full name of contributor out-of-state PAC (ID#:_ Barr, Jaelithe	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$1.00</li></ul>
12,00,2020	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Barr, Jaelithe		\$1.00
			4
	Austin, TX 78721	·	
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Bean, Rose		\$3.00
	Contributor address; City; State; Zip Code		1
Duin single easy	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	3)
		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Bean, Rose		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Beaver, Camille		\$10.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
		1	

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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/132 Rpt: 15/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/2023	Beaver, Camille		\$10.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Bell, Jory	/	\$3.00
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Bell, Jory	,	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Bernal, Erica		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Bernal, Erica		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/132 Rpt: 16/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
12/08/2023	Bess, Luke		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Bess, Luke	/	\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Black, Jessica	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Black, Jessica		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	) )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Blais, Braden		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form	1 Total pages Schedule A1:
		orm.	Sch: 14/132 Rpt: 17/137
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Blais, Braden		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	Σ δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Blume, Michael		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	»)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Blume, Michael	/	\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	3)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Bockewitz, William		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Bockewitz, William		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	,
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/132 Rpt: 18/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Brazelton, Reese		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Brazelton, Reese		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>י</i> י
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Brindley, Jordan	)	Amount of Contribution (\$) \$3.00
12/00/2020			
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Brindley, Jordan		\$3.00
	Contributor address; City; State; Zip Code		1
Di indaan	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Brunson, Savannah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	,

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/132 Rpt: 19/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Brunson, Savannah		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Bumpus, Ross		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>י</i> י
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Full name of contributor out-of-state PAC (ID#: Bumpus, Ross	)	\$1.00
14,22,200	Contributor address; City; State; Zip Code		· · · · · ·
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Burgoyne, James		\$3.00
	Contributor address; City; State; Zip Code		
Dringing ogg	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Burgoyne, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	,

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/132 Rpt: 20/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Cabrera, Ryan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Cabrera, Ryan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Cain, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drinoinal occu	Austin, TX 78721	Employer (See Instructions	
Principal occu Medic	ipation / Job title (See Instructions)	City of Austin	<i>i</i> )
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Cain, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	7
Date	Full name of contributor Out-of-state PAC (ID#:	-	Amount of Contribution (\$)
Dale 12/08/2023	Full name of contributor out-of-state PAC (ID#: Cantonis, Carl	)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,

Austin Travis County Emergency Medical Services Employee PAC     00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         I Date       \$ Full name of contributor       out-of-state PAC (DU:)       7       Amount of Contribution (\$)         12/08/2023       Contributor address; Chy, State; Zip Code       7       Amount of Contribution (\$)       \$3.00         12/08/2023       Full name of contributor       out-of-state PAC (DU:	The Instrue	ction Guide explains how to complete this	form.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         Date       5 Full name of contributor       out-of-date PAC (Date)       7 Amount of Contribution (\$)         12/09/2023       6 Contributor address; Chy; State; Zip Code       7 Amount of Contribution (\$)       \$3.00         19 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)       \$3.00         12/22/2023       Full name of contributor       out-of-date PAC (Date)       Amount of Contribution (\$)       \$3.00         12/22/2023       Carter, Emma       Contributor address; Chy; State; Zip Code       Amount of Contribution (\$)       \$3.00         12/22/2023       Carter, Emma       Contributor address; Chy; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-date PAC (Date)       Amount of Contribution (\$)       \$3.00         12/08/2023       Full name of contributor       out-of-date PAC (Date)       Amount of Contribution (\$)       \$3.00         12/22/2023       Full name of contributor       cot of-date PAC (Date)       City of Austin       Amount of Contribution (\$)       \$3.00         12/22/2023	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
12/08/2023       Carter, Emma       \$3.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         9       Employer (See Instructions)       Amount of Contribution (\$)         Carter, Emma       Carter, Emma       \$3.00         Date       Carter, Emma       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (toP;       Amount of Contribution (\$)         7       Carter, Emma       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job tife (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Pate       Full name of contributor       out-of-state PAC (toP;       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (toP;       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (toP;       Amount of Contribution (\$)       \$3.00         12/22/2023       Cartmill, Andres       Employer (See Instructions)       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         12/22/2023       Cartmill, Andres       Contributor address; City; Sta			ŶĂĊ	
<ul> <li>                 Contributor address: City, State; Zip Code                 Austin, TX 78721                 Principal occupation / Job title (See instructions)                 Medic</li></ul>	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic       Principal occupation / Job title (See Instructions) City of Austin       Amount of Contribution (\$) S3.00         Date       Full name of contributor       out-of-state PAC (Def	12/08/2023	Carter, Emma		\$3.00
Principal occupation / Job title (See Instructions) Medic <ul> <li>Employer (See Instructions) City of Austin</li> </ul> Amount of Contribution (\$) S3.00             Date 12/22/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin              Amount of Contribution (\$) S3.00            Date 12/28/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Date 12/08/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin              Amount of Contribution (\$) S3.00            Date 12/22/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Date 12/08/2023         Full name of contributor Contributor address; City, State; Zip Code		6 Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Medic <ul> <li>Employer (See Instructions) City of Austin</li> </ul> Amount of Contribution (\$) S3.00             Date 12/22/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin              Amount of Contribution (\$) S3.00            Date 12/28/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Date 12/08/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin              Amount of Contribution (\$) S3.00            Date 12/22/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Date 12/08/2023         Full name of contributor Contributor address; City, State; Zip Code				
Principal occupation / Job title (See Instructions) Medic <ul> <li>Employer (See Instructions) City of Austin</li> </ul> Amount of Contribution (\$) S3.00             Date 12/22/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin              Amount of Contribution (\$) S3.00            Date 12/28/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Date 12/08/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin              Amount of Contribution (\$) S3.00            Date 12/22/2023         Full name of contributor Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code              Amount of Contribution (\$) S3.00            Date 12/08/2023         Full name of contributor Contributor address; City, State; Zip Code				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (DP:				
Date       Full name of contributor       out-of-state PAC (IDE:		pation / Job title (See Instructions)		3)
12/22/2023       Carter, Emma       \$3.00         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Cartmill, Andres         12/08/2023       Cartmill, Andres;         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Cartmill, Andres;         Contributor address; City, State; Zip Code       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Cartmill, Andres         Cartmill, Andres       Cartmill, Andres         12/22/2023       Full name of contributor       out-of-state PAC (ID#:	Medic		City of Austin	
Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDe:         12/08/2023       Cartrmill, Andres       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDe:         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDe:         12/22/2023       Cartrmill, Andres       \$3.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         State       Full name of contributor       out-of-state PAC (IDe:         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Cavarretta, James       City of Austin         Date       Full name of contributor       out-of-state PAC (IDe:       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (IDe:       Amount of Contri			)	
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         City of Austin       Contributor address; City; State; Zip Code         Date       Full name of contributor       out-of-state PAC (D#:	12/22/2023			\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Cartmill, Andres       \$\$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Cartmill, Andres       \$\$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:				1
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Austin Travis County Emergency Medical Services Employee PAC     00053202				_		
Austin Travis County Emergency Medical Services Employee PAC       00053202         I Date       5 Full name of contribution       out-of-state PAC (Dur)       7 Amount of Contribution (\$)         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         3 Date       Full name of contributor       out-of-state PAC (Dur	The Instructio	on Guide explains how to complete this fo	orm.	1		
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Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Cendejas, Jacqueline       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Cendejas, Jacqueline       out-of-state PAC (ID#:)       Amount of Contribution (\$)         21/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         21/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         21/20/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         21/20/2023       Chavez, Erin       Contributor address; City, State; Zip Code       \$3.00         21/20/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         21/20/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         21/2/2/2023       Full name of contributor       ou				,		
12/08/2023       Cendejas, Jacqueline       \$3.00         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Cendejas, Jacqueline       City of Austin         Date       Full name of contributor       out-of-state PAC (IDI:       Amount of Contribution (\$)         12/22/2023       Cendejas, Jacqueline       S3.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Medic       Contributor address; City, State; Zip Code         Date       Full name of contributor       out-of-state PAC (IDI:         Austin, TX 78721       Amount of Contribution (\$)         12/08/2023       Chavez, Erin       Contributor address; City, State; Zip Code         Austin, TX 78721       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       City of Austin       \$3.00         Date       Full name of contributor       out-of-state PAC (IDI:       Amount of Contribution (\$)         12/08/2023       Chavez, Erin       City of Austin       \$3.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$3.00	Data	Eull name of contributor		<u> </u>	Amount of Contribution (\$)	
Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Cendejas, Jacqueline         12/22/2023         Cendejas, Jacqueline         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Cendejas, Jacqueline         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (IDE:         12/08/2023         Chavez, Erin         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Kedic         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Kedic         Date         12/22/2023         Chavez, Erin         Contributor address; City; State; Zip Code         Chavez, Erin         Contributor address; City; State; Zip Code         Austin, TX 78721			/			¢3 00
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Cendejas, Jacqueline       Amount of Contribution (\$) \$3.00         12/22/2023       Cendejas, Jacqueline       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721       Amount of Contribution (\$) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Chavez, Erin       Amount of Contribution (\$) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Chavez, Erin       Amount of Contribution (\$) S3.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       S3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin       S3.00         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$) S3.00         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$) S3.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City, State; Zip Code       Amount of Contribution (\$) S3.00 </td <td></td> <td></td> <td></td> <td> </td> <td></td> <td>ΦΟ.ΟΟ</td>						ΦΟ.ΟΟ
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:						
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Cendejas, Jacqueline       \$\$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Chavez, Erin       Amount of Contribution (\$)         12/08/2023       Chavez, Erin       \$\$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Address; City; State; Zip Code		Δustin TX 78721				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         12/22/2023       Cendejas, Jacqueline       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         12/08/2023       Chavez, Erin       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor address; City; State; Zip Code			Employer (See Instructions	<u> </u> •)		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Cendejas, Jacqueline       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				5)		
12/22/2023       Cendejas, Jacqueline       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Chavez, Erin         12/08/2023       Chavez, Erin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Chavez, Erin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Chavez, Erin         12/22/2023       Chavez, Erin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Chavez, Erin       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employ				1		
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         12/08/2023         Chavez, Erin         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:			)		Amount of Contribution (\$)	
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#)         12/08/2023       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor						\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Austin, TX 78721       Employer (See Instructions)         Date       Full name of contributor         12/22/2023       Full name of contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Austin, TX 78721       Employer (See Instructions)         Date       Full name of contributor         12/22/2023       Full name of contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Chavez, Erin       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		· ·· · ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00						
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)         Chavez, Erin       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00		on / Job title (See Instructions)		5)		
12/08/2023       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Chavez, Erin       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin			
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         Chavez, Erin         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         State; Zip Code         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Chavez, Erin Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/08/2023	Chavez, Erin				\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Chavez, Erin         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Chavez, Erin         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Chavez, Erin         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Amount of Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)		Austin, TX 78721				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       \$4000000000000000000000000000000000000	Principal occupation	on / Job title (See Instructions)		5)		
12/22/2023       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin			
12/22/2023       Chavez, Erin       \$3.00         Contributor address; City; State; Zip Code       4ustin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/22/2023	Chavez, Erin				\$3.00
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
		Austin, TX 78721				
Medic City of Austin	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions	5)		
I	Medic		City of Austin			
		<u> </u>				

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 20/132 Rpt: 23/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Cheeks, Shedrick		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/08/2023	Chester, Hannah	/	\$3.00
	Contributor address; City; State; Zip Code		· · · · · ·
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Chester, Hannah		\$3.00
	Contributor address; City; State; Zip Code		1
Dringingl oppu	Austin, TX 78721		-
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$5.00
12/00/2023	Chhabra, Ranjit		φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/132 Rpt: 24/137	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Austin Travis	County Emergency Medical Services Employee P	AC	00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/22/2023	Chhabra, Ranjit			\$5.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
B Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/08/2023	Ciampaglio, Anthony			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/22/2023	Ciampaglio, Anthony			\$3.00
ľ	Contributor address; City; State; Zip Code			
	-			
	Austin, TX 78721			
	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
Principal occur Medic		Employer (See Instructions) City of Austin		
		,	Amount of Contribution (\$)	
Medic	pation / Job title (See Instructions)	City of Austin		\$3.00
Medic Date	Dation / Job title (See Instructions)           Full name of contributor         Image: Out-of-state PAC (ID#:)	City of Austin		\$3.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph	City of Austin		\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph Contributor address; City; State; Zip Code	City of Austin		\$3.00
Medic Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 12/08/2023 Principal occur	Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 12/08/2023 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Ciminera, Joseph         Contributor address;       City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 12/08/2023 Principal occup Medic	Dation / Job title (See Instructions)         Full name of contributor	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 12/08/2023 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Ciminera, Joseph         Contributor address;       City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 12/08/2023 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Ciminera, Joseph         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Ciminera, Joseph	City of Austin	Amount of Contribution (\$)	
Medic Date 12/08/2023 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Ciminera, Joseph         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Ciminera, Joseph         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	
Medic Date 12/08/2023 Principal occup Medic Date 12/22/2023	Full name of contributor       out-of-state PAC (ID#:_         Ciminera, Joseph       contributor address; City; State; Zip Code         Austin, TX 78721       contributor address;         Dation / Job title (See Instructions)       out-of-state PAC (ID#:_         Full name of contributor       out-of-state PAC (ID#:_         Ciminera, Joseph       contributor address; City; State; Zip Code         Austin, TX 78721       out-of-state PAC (ID#:_         Contributor address; City; State; Zip Code       Austin, TX 78721	City of Austin	Amount of Contribution (\$)	
Medic Date 12/08/2023 Principal occup Medic Date 12/22/2023	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Ciminera, Joseph         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Ciminera, Joseph         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 22/132 Rpt: 25/137
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 12/08/2023	5 Full name of contributor out-of-state PAC (ID#:_ Clark, Rajiv	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Clark, Rajiv		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Clark, William		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Clark, William		\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Cluskey, Francis	/	\$2.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	<i>''</i>

The luceture			1 Total pages Schedule A1:
The Instruc	ction Guide explains how to complete this f	orm.	Sch: 23/132 Rpt: 26/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Cluskey, Francis		\$2.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	Σ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Cole, Jason		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Princinal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	c)
Medic		City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Cole, Jason	/	\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	3)
		City of Austin	
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$1.00
12/08/2023	Coleman, James		ΦΤ.ΟΟ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Coleman, James		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/132 Rpt: 27/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Cooper, Matthew		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721	i	
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Cooper, Matthew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drincinal occu	apation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Cornwall, Angela	)	Amount of Contribution (\$) \$2.00
12/00/2020			ψ2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Cornwall, Angela		\$2.00
	Contributor address; City; State; Zip Code		1
Di indaan	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	3)
	·	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Cortez Argo, Austin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	<i>"</i>

Austin Travis County Emergency Medical Services Employee PAC     00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributor       out-of-state PAC (Der	The Instrue	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution use-of-state PAC (Der)       7 Amount of Contribution (\$)         12/22/2023       6 Contributor address; City: State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         Date       Full name of contributor       on:-of-state PAC (Der)       Amount of Contribution (\$)         Date       Costantino, John       Costantino, John       Amount of Contribution (\$)         Contributor address; City: State; Zip Code       Amount of Contribution (\$)       \$5.00         Austin, TX 78721       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (Der	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
12/22/2023       Cortez Argo, Austin       \$3.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Costantino, John       Costantino, John       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (De:	Austin Travis	s County Emergency Medical Services Employee Pi		
12/22/2023       Cortez Argo, Austin       \$3.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Costantino, John       Costantino, John       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (De:	4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions) Medic       9         Date       12/08/2023         Costantino, John       out-of-state PAC (Dete         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Costantino, John       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Full name of contributor         Date       Costantino, John         2/22/2023       Full name of contributor         Costantino, John       out-of-state PAC (Dete         2/22/2023       Full name of contributor         Costantino, John       out-of-state PAC (Dete         Anstin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) City of Austin       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         2/208/2023       Full name of contributor       out-of-state PAC (Dete       Amount of Contribution (\$)         12/08/2023       Crock, Clairissa       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor </td <td></td> <td colspan="2"></td> <td></td>				
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (De:	-	-		
9       Employer (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor Costantino, John       Amount of Contribution (\$)       \$5.00         Tools and the set of the				
9       Employer (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor Costantino, John       Amount of Contribution (\$)       \$5.00         Tools and the set of the				
9       Employer (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor Costantino, John       Amount of Contribution (\$)       \$5.00         Tools and the set of the		Austin, TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (tD#)       Amount of Contribution (\$)         12/08/2023       Costarnino, John       \$5.00         Contributor address; City: State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Costarnino, John       City of Austin         Date       Full name of contributor       out-of-state PAC (tD#)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (tD#)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (tD#)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor address; City: State; Zip Code       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (tD#	8 Principal occu	L pation / Job title (See Instructions)	9 Employer (See Instructions	L ;)
Date       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)         12/08/2023       Costantino, John       \$5.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)         12/22/2023       Costantino, John       Costantino, John       S5.00         Costantino, John       Out-of-state PAC (DF       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S1.00         Medic       Out-of-state PAC (IDF       Amount of Contribution (\$)       \$3.00         12/08/2023       Crock, Clairissa       S3.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)       \$3.00         12/28/2023       Full name of contributor       Out-of-state PAC (IDF       Amount of Contribution (\$)       \$3.00         <				,
12/08/2023       Costantino, John	Data		-	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:			/	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor of out-of-state PAC (ID#:) Costantino, John       Amount of Contribution (\$) \$5.00         Date 12/22/2023       Full name of contributor Costantino, John       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 12/208/2023       Full name of contributor of out-of-state PAC (ID#:) Crock, Clairissa       Amount of Contribution (\$) \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) City of Austin       \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S3.00       \$3.00         Date 12/22/2023       Full name of contributor on out-of-state PAC (ID#:) Crock, Clairissa       Amount of Contribution (\$) City of Austin       \$3.00         Date 12/22/2023       Full name of contributor on out-of-state PAC (ID#:) Crock, Clairissa       Amount of Contribution (\$) City of Austin       \$3.00         Contributor address; City; State; Zip Code Austin, TX 78721       Amount of Contribution (\$) Crock, Clairissa       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00 <td>12/00/2020</td> <td></td> <td></td> <td>ψ0.00</td>	12/00/2020			ψ0.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:)         12/22/2023       Costantino, John       s\$5.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:)         12/08/2023       Crock, Clairissa       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3.00         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:)         12/22/2023       Costantino, John       s\$5.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:)         12/08/2023       Crock, Clairissa       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3.00         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:)         12/22/2023       Costantino, John       s\$5.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:)         12/08/2023       Crock, Clairissa       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3.00         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state		Δustin TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	Drincinal occu		Employer (See Instructions	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Costantino, John       \$5.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$5.00         Austin, TX 78721       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Crock, Clairissa       City of Austin       Amount of Contribution (\$)         12/08/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Medic       City of Austin       City of Austin       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:				<i>'</i>
12/22/2023       Costantino, John       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Crock, Clairissa         Date       Full name of contributor out-of-state PAC (ID#;)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor out-of-state PAC (ID#;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Crock, Clairissa         Date       Full name of contributor out-of-state PAC (ID#;         12/22/2023       Crock, Clairissa         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Emp				
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         12/08/2023         Crock, Clairissa         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Principal occupation / Job title (See Instructions)         Medic         Contributor address; City; State; Zip Code         Medic         Date       Full name of contributor         Crock, Clairissa       City of Austin         Crock, Clairissa       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contributin (\$)         Principal occupa			)	
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Crock, Clairissa       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         12/22/2023       Crock, Clairissa         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       \$3.00         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/22/2023	Costantino, John		\$5.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zlp Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         12/22/2023       Full name of contributor       out-of-state PAC (ID#:) Crock, Clairissa         12/22/2023       Full name of contributor       out-of-state PAC (ID#:) Crock, Clairissa       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:) Crock, Clairissa       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Crock, Clairissa       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Crock, Clairissa       S3.00       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Crock, Clairissa       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Crock, Clairissa       S3.00       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contributor         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Crock, Clairissa       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Employer (See Instructions)	<b>.</b>			<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Crock, Clairissa         Date       Full name of contributor         12/22/2023       Crock, Clairissa         Contributor address; City; State; Zip Code         Austin, TX 78721         Date       Full name of contributor         0ate       Full name of contributor         0ate       Crock, Clairissa         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)		pation / Job title (See Instructions)		<i>。</i> )
12/08/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Crock, Clairissa       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         0ut-of-state PAC (ID#:)         Crock, Clairissa         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Amount of Contribution (\$)         State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor on out-of-state PAC (ID#:)         12/22/2023       Crock, Clairissa Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/08/2023	Crock, Clairissa		\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Crock, Clairissa         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Crock, Clairissa         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Crock, Clairissa         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       State; Zip Code         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)		3)
12/22/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin	
12/22/2023       Crock, Clairissa       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/22/2023	 Crock, Clairissa		\$3.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		с .		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		Austin, TX 78721		
Medic City of Austin	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Medic		City of Austin	

			1 Total pages Cabadula A1:
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/132 Rpt: 29/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Crouch, Jordan		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin TV 70701		
• Drincinal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	~
Medic		City of Austin	>)
Date	Full name of contributor Out-of-state PAC (ID#:	-	Amount of Contribution (\$)
Dale 12/22/2023	Full name of contributor out-of-state PAC (ID#: Crouch, Jordan	)	Amount of Contribution (\$) \$1.00
1412212020			ψ1.00
	Cuntinution duriess, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Crouch, William		\$1.00
l	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Dringing occu	Austin, TX 78721	Employer (See Instructions	
Medic	ipation / Job title (See Instructions)	City of Austin	5)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Full name of contributor out-of-state PAC (ID#: Crouch, William	)	\$1.00
1 <i>L1 LL1</i> LVLV	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Cruz Zarate, Hector		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	د)
Medic		City of Austin	2)

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 27/132 Rpt: 30/137	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Austin Travis	s County Emergency Medical Services Employee P	AC		00053202	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/22/2023					\$3.00
	I	6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/08/2023	Cummings, Daniel				\$2.00
	I	Contributor address; City; State; Zip Code		1		
	Drinsipal appr	Austin, TX 78721				
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)		
				<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	*** 00
	12/22/2023	Cummings, Daniel				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	⊥ 3)		
	Medic		City of Austin			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/08/2023	Damron, William				\$3.27
	I	Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
		ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Medic		City of Austin			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/22/2023	Damron, William				\$3.27
	I	Contributor address; City; State; Zip Code		1		
	Drivelaar	Austin, TX 78721		ŕ		
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Meuic		City of Austin			

The Instru		form	1 Total pages Schedule A1:
	iction Guide explains how to complete this f	orm.	Sch: 28/132 Rpt: 31/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Davis, Kenneth		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Davis, Kenneth		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Davis, Richard		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic	· · ·	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Davis, Richard		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	<i>š</i> )
Medic		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Medic	•	City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
		01111.	Sch: 29/132 Rpt: 32/137
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	DeLong, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	· ·
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/08/2023	Dean-Masse, Dustin		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Dean-Masse, Dustin		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	c)
Medic		City of Austin	<i>,</i> ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/08/2023	Derion, Sarah	/	\$3.00
12,00,2020	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Derion, Sarah		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)

	The Instru	ction Guide explains how to complete this	s form.		Total pages Schedule A1: Sch: 30/132 Rpt: 33/137	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	s County Emergency Medical Services Employee	PAC		00053202	-
4	Date	5 Full name of contributor out-of-state PAC (ID;	)#:)	7	Amount of Contribution (\$)	
	12/08/2023	Dionizio, James				\$1.00
	I	6 Contributor address; City; State; Zip Code		·		
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		Austin, TX 78721				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID;	)	Τ	Amount of Contribution (\$)	
	12/22/2023	Dionizio, James	1			\$1.00
	1	Contributor address; City; State; Zip Code		.		
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		Austin, TX 78721				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID:		Τ	Amount of Contribution (\$)	
	12/08/2023	Dockery, Victoria	1			\$3.70
	I	Contributor address; City; State; Zip Code		"		
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		Austin, TX 78721	!			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor 🔲 out-of-state PAC (ID;	#:)	Τ	Amount of Contribution (\$)	
	12/22/2023	Dockery, Victoria				\$3.70
	I	Contributor address; City; State; Zip Code	1	]		
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	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		
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	Date	Full name of contributor out-of-state PAC (ID)	#:)		Amount of Contribution (\$)	<b>*</b> 2 F0
	12/08/2023	Donohoe, John	!			\$2.50
		Contributor address; City; State; Zip Code	1			
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		Austin, TX 78721	1			
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	Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
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			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	form.	Sch: 31/132 Rpt: 34/137
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023			\$2.50
	6 Contributor address; City; State; Zip Code		1
Drincipal occu	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions	~\
Medic		City of Austin	\$)
		-	Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
12/00/2023			φο.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	— —		\$3.00
	Contributor address; City; State; Zip Code	,	1
	Austin, TX 78721		<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	— —		\$3.00
	Contributor address; City; State; Zip Code	,	1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 32/132 Rpt: 35/137	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Austin Travis	s County Emergency Medical Services Employee P	AC		00053202	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/08/2023					\$1.00
		6 Contributor address; City; State; Zip Code		ł		
	ļ					
	ļ					
		Austin, TX 78721				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Medic		City of Austin			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/22/2023	Durham, David				\$1.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	12/08/2023	Echevarria, Edgardo				\$1.30
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Austin, TX 78721	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin	-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/22/2023	Echevarria, Edgardo		]		\$1.30
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Austin TV 70701				
$\vdash$	Dringing occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pallon / Job lille (See instructions)	City of Austin	5)		
┝				T		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀር በበ
	12/08/2023	Eeten, John				\$5.00
		Contributor address; City; State; Zip Code				
	ļ	Austin, TX 78721				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Medic		City of Austin	5)		
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 33/132 Rpt: 36/137
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 12/22/2023	5 Full name of contributor out-of-state PAC (ID#: Eeten, John	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$5.00</li></ul>
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Eguia, Eduardo		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Eguia, Eduardo		\$1.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Elbel, Amber		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>Γ</u> δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Elbel, Amber		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ δ)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/132 Rpt: 37/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Elizardo, Daniel		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Elizardo, Daniel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	»)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Emmick, Christopher	)	Amount of Contribution (\$) \$4.00
12/00/2023			φ <del>4</del> .00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Emmick, Christopher		\$4.00
	Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	<i>š</i> )
Medic		City of Austin	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Ender, Daniel		\$3.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 35/132 Rpt: 38/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 12/22/2023	5 Full name of contributor out-of-state PAC (ID#: Ender, Daniel	)	7 Amount of Contribution (\$) \$3.30
·	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Amount of Contribution (\$)
12/08/2023	Ferguson, John		\$2.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Ferguson, John		\$2.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Ferguson, Thomas		\$1.30
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Ferguson, Thomas		\$1.30
	Contributor address; City; State; Zip Code		•
	-		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 36/132 Rpt: 39/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Fernandez, Eric		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ Figueroa, Joshua		Amount of Contribution (\$) \$3.00
12/00/2020			
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Figueroa, Joshua		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Finch, Walter		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	·/

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 37/132 Rpt: 40/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee Pa	AC	00053202
4 Date 12/22/2023	5 Full name of contributor out-of-state PAC (ID#: Finch, Walter	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$1.00</li></ul>
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/08/2023	Fitzpatrick, Bryan		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Fitzpatrick, Bryan		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Flanagan, Rilie		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Flanagan, Rilie		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	"

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 38/132 Rpt: 41/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 12/08/2023	5 Full name of contributor out-of-state PAC (ID#: Flores, Raul	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/22/2023	Flores, Raul		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Flores, Robert		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Flores, Robert		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Flores, Tiana		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
		1	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
			Sch: 39/132 Rpt: 42/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date 12/22/2023	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Flores, Tiana		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Fuentes, Timothy		\$2.00
	Contributor address; City; State; Zip Code		1
Dringingl oog	Austin, TX 78721		-
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: Fuentes, Timothy	)	Amount of Contribution (\$) \$2.00
1212212020	-		ψ2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Gallio, Riane		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Gallio, Riane		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution	The Instru	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution	2 FILER NAME			·
12/08/2023       Garcia, Bianca       \$3.00         6       Contributor address; City; State; Zip Code	Austin Travis	s County Emergency Medical Services Employee P/	AC	
6       Contributor address: City: State: Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out of-state PAC (Der) Garcia, Bianca       Amount of Contribution (\$)         212/22/202       Garcia, Bianca       Contributor address; City: State: Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Principal occupation / Job title (See Instructions)       City of Austin       Amount of Contribution (\$)         Date       Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date	12/08/2023			\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)         12/22/2023       Garcia, Bianca Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)       \$3.00         Date 12/08/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         12/08/2023       Full name of contributor Qardner, Dale       Imployer (See Instructions) City of Austin       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qardner, Dale       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qardner, Dale       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qarter, Christina       Out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00 <t< td=""><td></td><td></td><td></td><td></td></t<>				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)         12/22/2023       Garcia, Bianca Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)       \$3.00         Date 12/08/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         12/08/2023       Full name of contributor Qardner, Dale       Imployer (See Instructions) City of Austin       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qardner, Dale       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qardner, Dale       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qarter, Christina       Out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00 <t< td=""><td></td><td></td><td></td><td></td></t<>				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)         12/22/2023       Garcia, Bianca Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)       \$3.00         Date 12/08/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         12/08/2023       Full name of contributor Qardner, Dale       Imployer (See Instructions) City of Austin       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qardner, Dale       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qardner, Dale       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor Qarter, Christina       Out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00 <t< td=""><td></td><td></td><td></td><td></td></t<>				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/22/2023       Garcia, Bianca       S3.00         Contributor address; City: State; Zip Code       Full name of contributor       S3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Medic       Garciner, Dale       Contributor address; City: State; Zip Code       Amount of Contribution (\$)         12/08/2023       Gardner, Dale       Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Medic       Gardner, Dale       S3.00         2/22/2023       Gardner, Dale       S3.00         Medic       Out-of-state PAC (ID#       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       S3.00         Contributor address; City: State; Zip Code       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       S3.00         Contributor address; City: State; Zip Code       Contributor address; City: State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Carter, Christina				
Date       Full name of contributor       out-of-state PAC (Datimut)       Amount of Contribution (\$)         12/22/2023       Garcia, Bianca       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (Datimut)       Amount of Contribution (\$)         12/08/2023       Gardner, Dale       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Medic       Gardner, Dale       S3.00         Date       Full name of contributor       out-of-state PAC (Datimut)         12/22/2023       Gardner, Dale       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)       S3.00         Date       Full name of contributor       out-of-state PAC (Datimut)       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Full name of contributor       Out-of-state PAC (Datimut)       Amount of Contribution (\$)         12/208/202		pation / Job title (See Instructions)		3)
12/22/2023       Garcia, Bianca       S3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Gardner, Dale         2/20/8/2023       Gardner, Dale         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Gardner, Dale         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Gardner, Dale       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       S3.00       S3.00         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Medic       Contributor       out-of-state PAC (ID#;       Amount of Contribution (\$)       S3.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#;       Amount of Contribution (\$)	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         City of Austin         Date         12/08/2023         Gardner, Dale         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Medic         Date         12/22/2023         Gardner, Dale         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Gardner, Christina         Contributor address; City; State; Zip Code         Austin, TX 78721         Date <td></td> <td></td> <td>)</td> <td></td>			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor of out-of-state PAC (ID#:) Gardner, Dale Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date Austin, TX 78721       Full name of contributor of out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) S3.00         Date 12/22/2023       Full name of contributor of out-of-state PAC (ID#:) Gardner, Dale Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Carrett, Christina Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.00         12/08/2023       Full name of contributor of out-of-state PAC (ID#:) Garrett, Christina Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Pate       Full name of contributor of out-of-state PAC (ID#:	12/22/2023			\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Auctin TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Gardner, Dale	Princinal occu		Employer (See Instructions	<u></u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Gardner, Dale       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       City of Austin       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       Amount of Contribution (\$)       \$3.00         12/22/2023       Gardner, Dale       S3.00       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Medic       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code				>)
12/08/2023       Gardner, Dale       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;				Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         12/22/2023         Gardner, Dale         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:         Contributor address; City; State; Zip Code         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:         12/08/2023         Garrett, Christina         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Mattin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Gardner, Dale       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Medic       Contributor         Date       Full name of contributor         Date       Full name of contributor         12/08/2023       Garrett, Christina         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Garrett, Christina         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Employer (See Instructions)	12/00/2020			
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Gardner, Dale       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Garrett, Christina         12/08/2023       Garrett, Christina       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		CUltimbutor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Gardner, Dale       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Garrett, Christina         12/08/2023       Garrett, Christina       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Garrett, Christina       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Gardner, Dale       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         12/08/2023       Garrett, Christina         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
12/22/2023       Gardner, Dale       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Garrett, Christina       Amount of Contribution (\$)         Sandard       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         0ut-of-state PAC (ID#:)         Amount of Contribution (\$)         12/08/2023         Garrett, Christina         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor on out-of-state PAC (ID#:)         12/08/2023       Garrett, Christina Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/22/2023	Gardner, Dale		\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Garrett, Christina         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		1
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Garrett, Christina       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Garrett, Christina         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Garrett, Christina       \$3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Image: Contributor address         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)	Dringing occu		Employer (See Instructions	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Garrett, Christina       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job lille (See instructions)		5)
12/08/2023       Garrett, Christina       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/00/2020			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Continuation address, City, State, Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		Austin, TX 78721		
Medic City of Austin	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1:
			Sch: 41/132 Rpt: 44/137
2 FILER NAME		• •	<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date 12/22/2023	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
1212212023	Garrett, Christina		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ξ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Garza Saldivar, Daryana		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing oog	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Garza Saldivar, Daryana		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Gastelum, Aaron		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: Gastelum, Aaron	)	Amount of Contribution (\$) \$1.00
1 <i>L1 LL1</i> LV LV	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/132 Rpt: 45/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Godinez, Sarai		\$3.00
	6 Contributor address; City; State; Zip Code		1
2 Dringing ago	Austin, TX 78721		Į
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Godinez, Sarai		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/08/2023	Gold, Mora	/	\$3.00
12/00/2022	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Gold, Mora		\$3.00
	Contributor address; City; State; Zip Code		1
	Auctio TV 70701		
Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
			Least of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ Gomez-Rivera, Alexander Brooks	)	Amount of Contribution (\$) \$3.00
12/00/2023			ψο.υυ ·
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	· · · · ·	City of Austin	,
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/132 Rpt: 46/137	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Austin Travis	s County Emergency Medical Services Employee PA	AC		00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/22/2023	Gomez-Rivera, Alexander Brooks				\$3.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/08/2023	Gordon, Jennifer				\$1.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/22/2023	Gordon, Jennifer				\$1.00
		Contributor address; City; State; Zip Code		1		
		Auguin TV 20201				
	Duin single easy	Austin, TX 78721		Ĺ		
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
				<del>.</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷0.00
	12/08/2023	Gowe, Kathleen				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Medic		City of Austin	5)		
╞			-	T	Amount of Constribution (\$)	
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: Gowe, Kathleen	)		Amount of Contribution (\$)	\$3.00
	1212212025			-		φυ.υυ
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	· · · · · · · · · · · · · · · · · · ·	City of Austin	,		
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 44/132 Rpt: 47/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Gregson, Jordan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>›)</i>
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Griffin, Bradley	)	Amount of Contribution (\$) \$3.00
12/00/2020	-		
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Griffin, Bradley		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Griffith, Kimberly		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	"

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 45/132 Rpt: 48/137
2 FILER NAME	Ē		<b>3</b> Filer ID (Ethics Commission Filers)
Austin Trav	vis County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	, ,		\$5.00
	6 Contributor address; City; State; Zip Code		1
2 Drippingloog	Austin, TX 78721	C Employer (See Instruction)	
8 Principal occ Medic	cupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	L cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Grijalva, Corey		\$3.00
	Contributor address; City; State; Zip Code		1
<u> </u>	Austin, TX 78721	1	<u> </u>
	cupation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	Lupation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023			\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
4			

The Instru	ction Guide explains how to complete this f	form	1 Total pages Schedule A1:
		Sch: 46/132 Rpt: 49/137	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	12/08/2023 Hadden, Justin		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hadden, Justin		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing loog	Austin, TX 78721		-
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Haggarty, Timothy	)	Amount of Contribution (\$) \$3.00
12/00/2025			φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Haggarty, Timothy		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/08/2023	Hair, Nathan	,	\$2.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
			Sch: 47/132 Rpt: 50/137
2 FILER NAME Austin Travis	: s County Emergency Medical Services Employee P/	۵۲	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date	5 Full name of contributorout-of-state PAC (ID#:	7 Amount of Contribution (\$)	
4 Date 12/22/2023			\$2.00
12,22,2020	6 Contributor address; City; State; Zip Code		
	Continuation address, Oity, State, Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Hairston, Christopher		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	\$)
		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Medic	•	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Hamilton, Aaron		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hamilton, Aaron		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	»)

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/132 Rpt: 51/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travia	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023			\$5.00
	6 Contributor address; City; State; Zip Code		1
Dringingloogu	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hanes, Rodney		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Hanks, Kaden		\$3.00
	Contributor address; City; State; Zip Code		•
D i deal acce	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hanks, Kaden		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Hargrave, Jeffrey		\$3.00
	Contributor address; City; State; Zip Code		•
<u> </u>	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 49/132 Rpt: 52/137
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Austin Travis	s County Emergency Medical Services Employee PA	00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023			\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Harner, Kevin		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
			Amount of Contribution (\$)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: Harner, Kevin	)	Amount of Contribution (\$) \$2.50
12/22/2020			ψ2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Hawthorne, Cole		\$3.00
	Contributor address; City; State; Zip Code		1
D in sin al assu	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
		City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hawthorne, Cole		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 50/132 Rpt: 53/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P.	AC	00053202
4 Date 12/08/2023			<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hay, Keli		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	3 Helgren, Dallas		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Helgren, Dallas		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Hellein, Jacob		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
		•	

			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	orm.	Sch: 51/132 Rpt: 54/137
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Austin Travis	s County Emergency Medical Services Employee Pr	00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/2023	12/22/2023 Hellein, Jacob		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>,</u> 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Hernandez, Hugo		\$1.00
	Contributor address; City; State; Zip Code		1
Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	~1
Medic		City of Austin	»)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Hernandez, Hugo	/	\$1.00
<b></b>	Contributor address; City; State; Zip Code		
	Austin, TX 78721	•	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )
	<u> </u>	City of Austin	
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
12/00/2023	Hernandez Arias, Alejandra		φο.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 52/132 Rpt: 55/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	00053202	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023			\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	L ;)
Medic		City of Austin	, ,
Date	Full name of contributor Out-of-state PAC (ID#:	-	Amount of Contribution (\$)
12/22/2023	Full name of contributor out-of-state PAC (ID#: Herrera, Caroline	)	\$3.00
12/22/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin TX 79721		
Dringinglassy	Austin, TX 78721	Employer (Cas Instructions	
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Hicks, Matthew		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hicks, Matthew		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/08/2023	Hicks, Randy	/	\$3.00
12/00/2020	-		\$0.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employor (Soo Instructions	<u> </u>
Medic		Employer (See Instructions City of Austin	<i>י</i> )
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 53/132 Rpt: 56/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 12/22/2023			<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Hindman, Justin		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hindman, Justin		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Hindman, Shelby		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Hindman, Shelby		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 54/132 Rpt: 57/137	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	s County Emergency Medical Services Employee P		00053202	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/08/2023				\$2.50
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/22/2023	Holland, Travis			\$2.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Howell, Joseph			\$3.00
	Contributor address; City; State; Zip Code	y; State; Zip Code		
	Austin, TX 78721	-		
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/22/2023	Howell, Joseph			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721		、 、	
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	)	
		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Huitt, Andrew		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Dringinal occu		Employer (See Instructions	N	
Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)	
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/132 Rpt: 58/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	S County Emergency Medical Services Employee PA	AC	00053202
4 Date	12/22/2023 Huitt, Andrew		7 Amount of Contribution (\$)
12/22/2023			\$10
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Jacobsen, Patrick		\$2
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Jacobsen, Patrick		\$2
	Contributor address; City; State; Zip Code Austin, TX 78721		
		Employer (Coo Instructions)	
Princinal occu	nation / Joh title (See Instructions)	<ul> <li>Ennoverusee instructions)</li> </ul>	
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	City of Austin	Amount of Contribution (\$)
Medic	· · · · ·	City of Austin	Amount of Contribution (\$)
Medic Date	Full name of contributor out-of-state PAC (ID#:_	City of Austin	
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	
Medic Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Jakubauskas, Eric Contributor address; City; State; Zip Code	City of Austin	
Medic Date 12/08/2023 Principal occu	Full name of contributor out-of-state PAC (ID#:_ Jakubauskas, Eric Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin ) 	
Medic Date 12/08/2023 Principal occu Medic	Full name of contributor out-of-state PAC (ID#: Jakubauskas, Eric Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	City of Austin ) 	\$2
Medic Date 12/08/2023 Principal occu Medic Date	Full name of contributor       out-of-state PAC (ID#:	City of Austin ) 	\$2 Amount of Contribution (\$)
Medic Date 12/08/2023 Principal occu Medic Date	Full name of contributor       out-of-state PAC (ID#:	City of Austin ) 	\$2 Amount of Contribution (\$)
Medic Date 12/08/2023 Principal occu Medic Date 12/22/2023	Full name of contributor       out-of-state PAC (ID#:_         Jakubauskas, Eric       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Jakubauskas, Eric       Out-of-state PAC (ID#:_         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code	City of Austin ) 	\$2 Amount of Contribution (\$)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 56/132 Rpt: 59/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023			\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	James, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Dale 12/08/2023	Full name of contributor out-of-state PAC (ID#:] Jensen, David	)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
12/22/2023	Jensen, David		\$3.00
	Contributor address; City; State; Zip Code		1
Duin ringt agou	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
			T
Date	Full name of contributor out-of-state PAC (ID#:]	)	Amount of Contribution (\$)
12/08/2023	Jimenez, Noah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,
		-	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 57/132 Rpt: 60/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	12/22/2023 Jimenez, Noah		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Jimenez Unzueta, Marco		\$3.00
	Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721	- · · · · ·	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Jimenez Unzueta, Marco		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Johns, Edward		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	"
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:] Johns, Edward	)	\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	,

<ul> <li>The Instruction Guide explains how to complete this form.</li> <li>FILER NAME         Austin Travis County Emergency Medical Services Employee PAC</li> <li>Date         12/08/2023         <ul> <li>Full name of contributor</li></ul></li></ul>	1       Total pages Schedule A1: Sch: 58/132 Rpt: 61/137         3       Filer ID (Ethics Commission Filers) 00053202        )       7         Amount of Contribution (\$)         \$5.00
Austin Travis County Emergency Medical Services Employee PAC         4       Date         12/08/2023       5         Full name of contributor	00053202  7 Amount of Contribution (\$)
Austin Travis County Emergency Medical Services Employee PAC         4       Date         12/08/2023       5         Full name of contributor	00053202  7 Amount of Contribution (\$)
12/08/2023 Johnson, Andy 6 Contributor address; City; State; Zip Code Austin, TX 78721	
12/08/2023 Johnson, Andy 6 Contributor address; City; State; Zip Code Austin, TX 78721	
6 Contributor address; City; State; Zip Code Austin, TX 78721	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (	
	(See Instructions)
Medic City of Au	istin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/22/2023 Johnson, Andy	\$5.00
Contributor address; City; State; Zip Code	
Austin TV 70701	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer ( Medic City of Au	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/08/2023 Junod, Joseph	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	(See Instructions)
Medic City of Au	istin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/22/2023 Junod, Joseph	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	(See Instructions)
Medic City of Au	istin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/08/2023 Kalinowski, Jonathan	\$1.40
I	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Austin, TX 78721	(See Instructions)

The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 59/132 Rpt: 62/137	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC		00053202	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
12/22/2023	Kalinowski, Jonathan				\$1.40
	6 Contributor address; City; State; Zip Code		·		
	Austin, TX 78721	·			
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Medic		City of Austin	,		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Ţ	Amount of Contribution (\$)	
12/08/2023	Kaminowitz, Robert				\$3.00
	Contributor address; City; State; Zip Code		]		
D in sin al accu	Austin, TX 78721		Ĺ		
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:	)	'	Amount of Contribution (\$)	
12/22/2023	Kaminowitz, Robert				\$3.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	د) ا		
Medic		City of Austin	5)		
	Full name of contributor Out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Kane, Mikel	)	'	Amount of Contribution (\$)	\$1.00
12/00/2025					φ1.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	-,		
Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
12/22/2023	Kane, Mikel	/	·		\$1.00
	Contributor address; City; State; Zip Code		·		<b>T</b> =
	Austin, TX 78721				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
			Sch: 60/132 Rpt: 63/137
2 FILER NAME	s County Emergency Medical Services Employee P		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date 12/08/2023	5 Full name of contributor out-of-state PAC (ID#: Keef, Sean	)	7 Amount of Contribution (\$) \$3.00
12,00,2020	6 Contributor address; City; State; Zip Code		
	CUltinution address, City, State, Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Keef, Sean		\$3.00
	Contributor address; City; State; Zip Code		1
	Auctio TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	\$)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Kingsbury, Dillon	)	Amount of Contribution (\$) \$3.00
12/00/2020			ψυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Kingsbury, Dillon		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/08/2023	Kirmanidis, Andre	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date       5       Full name of contributor       out-of-state PAC (ID#:				
Austin Travis County Emergency Medical Services Employee PAC       0005322         4 Date 12/22/2023       Image of contributor induces in the part of contribution induces	The Instru	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       0005322         4 Date       s Full name of contributor       out-of-state PAC (Dir)       f Amount of Contribution (\$)         12/22/2023       S Full name of contributor       out-of-state PAC (Dir)       f Amount of Contribution (\$)         8 Principal occupation / Job title (See Instructions)       P Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/08/2023	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
12/22/2023       Kirmanidis, Andre       \$3         6       Contributor address; City; State, Zip Code       Austin, TX 78721         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:	Austin Travis	s County Emergency Medical Services Employee P/		
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         B       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/08/2023       Funce, Andrew Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         Medic       Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDE;	12/22/2023			\$3.0
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor out-of-state PAC (ID#:) Knauer, Andrew       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Austin, TX 78721       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor out-of-state PAC (ID#:) Knauer, Andrew       Amount of Contribution (\$)         Date 12/22/2023       Full name of contributor out-of-state PAC (ID#:) Knauer, Andrew       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) City of Austin       Contribution (\$)       \$3         Medic       Full name of contributor				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor out-of-state PAC (ID#:) Knauer, Andrew       Amount of Contribution (\$)         2       Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/22/2023       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$3         Pate 12/08/2023       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) City of Austin       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor out-of-state PAC (ID#:) Knauer, Andrew       Amount of Contribution (\$)         2       Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/22/2023       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$3         Pate 12/08/2023       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) City of Austin       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Knauer, Andrew       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3         Medic       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$3         Date       Full name of contributor       out-of-state PAC (ID#:				
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/08/2023       Knauer, Andrew       \$3         Contributor address:       City: State: Zip Code       \$3         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Contributor address:       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3         12/08/2023       Full name of contributor       out-of-state PAC (ID#:		pation / Job title (See Instructions)		i)
12/08/2023       Knauer, Andrew       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor	Medic		City of Austin	
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:			)	
Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         S3       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3         Date 12/08/2023       Full name of contributor out-of-state PAC (ID#:	12/08/2023			\$3.0
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Knauer, Andrew       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Anount of Contribution (\$)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Anount of Contribution (\$)       Amount of Contribution				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Knauer, Andrew       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Anount of Contribution (\$)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Anount of Contribution (\$)       Amount of Contribution				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Knauer, Andrew       Amount of Contribution (\$)         12/22/2023       Knauer, Andrew       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Pate       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Medic       Full name of contributor       cout-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)         Date       Full name of co		Auctin TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	Principal occu		Employer (See Instructions	<u></u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Knauer, Andrew       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor				<i>v</i>
12/22/2023       Knauer, Andrew       \$3         12/22/2023       Knauer, Andrew       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:				Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Knight, Aaron       \$3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Sa         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Sa         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Knight, Aaron       Sa			)	Amount of Contribution (\$) \$3.0
Austin, TX 78721       Employer (See Instructions)         Medic       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Knight, Aaron       \$3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Si         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Knight, Aaron       Si	1212212020			ψυ
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Knight, Aaron       \$3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin		Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Knight, Aaron       \$3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Knight, Aaron       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721       \$3         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       \$3         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Knight, Aaron       S3		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Knight, Aaron       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Knight, Aaron       S3	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
12/08/2023       Knight, Aaron       \$3         Contributor address; City; State; Zip Code       \$3         Austin, TX 78721       Employer (See Instructions)         Medic       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Knight, Aaron       \$3	Medic		City of Austin	
Contributor address; City; State; Zip Code   Austin, TX 78721   Principal occupation / Job title (See Instructions)   Medic   Date   Full name of contributor   0ut-of-state PAC (ID#:)   Amount of Contribution (\$)   12/22/2023   Knight, Aaron	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic     Employer (See Instructions) City of Austin       Date     Full name of contributor out-of-state PAC (ID#:) 12/22/2023     Amount of Contribution (\$) Knight, Aaron	12/08/2023	Knight, Aaron		\$3.0
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       12/22/2023     Knight, Aaron		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       12/22/2023     Knight, Aaron				
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       12/22/2023     Knight, Aaron				
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       12/22/2023     Knight, Aaron     \$3	Dringing ogg		Employer (Cool Instructions	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       12/22/2023     Knight, Aaron     \$3		pation / Job title (See instructions)		;)
12/22/2023 Knight, Aaron \$3				
			)	
Contributor address; City; State; Zip Code	1212212020			ψυ.(
		Contributor address; City; State; Zip Code		
Austin, TX 78721		Austin, TX 78721		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu		Employer (See Instructions	l;)
Medic City of Austin	Medic			

			1
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 62/132 Rpt: 65/137
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Koller, Joel		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Koller, Joel		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin TV 70701		
Drippingl oog	Austin, TX 78721		
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	12/08/2023 Koller, Steven		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)
12/22/2023	Koller, Steven		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Kownacki, Benjamin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 63/132 Rpt: 66/137
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Kownacki, Benjamin		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Kraemer, Ashley	/	\$3.00
± = , = = , = , = = = =			
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Krampitz, Casey		\$1.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Krampitz, Casey	/	\$1.30
,	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.         2       FILER NAME	1 Total pages Schedule A1:
2 FILER NAME	Sch: 64/132 Rpt: 67/137
	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/08/2023 Kraus, Stephen	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
B Principal occupation / Job title (See Instructions)     See Instruction     City of Austin	ins)
Medic City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/22/2023 Kraus, Stephen	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Medic City of Austin	(115)
	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       12/08/2023     Krycia, Noah	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instruction	)ns)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/22/2023 Krycia, Noah	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)Employer (See Instruction)MedicCity of Austin	ins)
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
	\$3.00
12/08/2023 Kurtze, Benedict	
12/08/2023 Kurtze, Benedict Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Austin, TX 78721	
Contributor address; City; State; Zip Code	ns)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	ins)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 65/132 Rpt: 68/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Kurtze, Benedict		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721	i	
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Lancaster, Eric		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	»)
			Amount of Contribution (\$)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$2.50
IZIZZIZUZJ	Lancaster, Eric		ψ2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	LeFan, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	LeFan, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	<i>''</i>

The Instruction Guide explains how to comp	lete this form. 1 Total pages Schedule A1: Sch: 66/132 Rpt: 69/137
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services E	
4 Date 5 Full name of contributor out-of-st	ate PAC (ID#:) 7 Amount of Contribution (\$)
12/08/2023 Leibin, Michael	\$3.00
6 Contributor address; City; State; Zip Coo	le
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic	9 Employer (See Instructions) City of Austin
	ate PAC (ID#:) Amount of Contribution (\$)
	\$3.00
Contributor address; City; State; Zip Coo	le
Austin, TX 78721	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin
Date Full name of contributor out-of-st	ate PAC (ID#:) Amount of Contribution (\$)
12/08/2023 Lesley, Brian	\$3.00
Austin, TX 78721	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin
Date Full name of contributor out-of-st	ate PAC (ID#:) Amount of Contribution (\$)
12/22/2023 Lesley, Brian	\$3.00
Contributor address; City; State; Zip Cod	le
Austin TV 70721	
Austin, TX 78721 Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin
Date     Full name of contributor     out-of-st       12/08/2023     Lester, Christopher	ate PAC (ID#:) Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Coo	le l
Austin, TX 78721	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

			1 Total pages Schedule A1:
The Instrue	ction Guide explains how to complete this f	iorm.	Sch: 67/132 Rpt: 70/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Lester, Christopher		\$1.00
	6 Contributor address; City; State; Zip Code		1
Dringinglocou	Austin, TX 78721	Employer (See Instructions	
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$3.00
12/08/2023			φο.υυ ·
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Leyva, Andrew		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Lidster, Matthew		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)
Medic	•	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/22/2023	Lidster, Matthew		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 68/132 Rpt: 71/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Lindsay, Ross		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	i	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Lindsay, Ross		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$4.50
12/00/2020			φ+
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Lines, Bradley		\$4.50
	Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721	1 <u></u>	-
•	pation / Job title (See Instructions)	Employer (See Instructions	S)
Medic	·	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Lopez, Cindy		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 69/132 Rpt: 72/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Lopez, Cindy		\$3.00
	6 Contributor address; City; State; Zip Code		
	I		
	Austin, TX 78721		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	L 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Lopez, Lindsay		\$3.00
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Lopez, Lindsay		\$3.00
	Contributor address; City; State; Zip Code		
	I		
	Austin, TX 78721		
Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instructions	i)
		City of Austin	
Date		)	Amount of Contribution (\$)
12/08/2023	Lopez, Ramon		\$3.00
	Contributor address; City; State; Zip Code		
	I		
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Lopez, Ramon		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 70/132 Rpt: 73/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Lozano Avila, Victor		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	i	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Lozano Avila, Victor		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Lydon, Cassandra	)	Amount of Contribution (\$) \$1.00
12/00/2020	· · · · · · · · · · · · · · · · · · ·		ψ±.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Lydon, Cassandra		\$1.00
	Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721	<u> </u>	-
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic	<u> </u>	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Lynch, Brian		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	2)
Medic		City of Austin	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 71/132 Rpt: 74/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Lynch, Brian		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin TV 70701		
• Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	9 Employer (See Instructions	N N
Medic		City of Austin	)
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Dale 12/08/2023	Full name of contributor out-of-state PAC (ID#: Lyon, Natalie	)	Amount of Contribution (\$) \$2.50
12/00/2020			ψ2.00
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Lyon, Natalie		\$2.50
	Contributor address; City; State; Zip Code		
	Auctin TV 70701		
Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	N
Medic		City of Austin	)
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of Contribution (\$)
12/08/2023	Full name of contributor out-of-state PAC (ID#: Malgieri, Anthony	)	\$3.00
12,00,2020	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Malgieri, Anthony		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Medic		City of Austin	)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 72/132 Rpt: 75/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Mallon, Paul		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	i	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Mallon, Paul		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Dale 12/08/2023	Full name of contributor out-of-state PAC (ID#: Malone, Jordan	)	Amount of Contribution (\$) \$3.00
TTIOOLOCO	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Malone, Jordan		\$3.00
	Contributor address; City; State; Zip Code		1
Di indaan	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Mancia Covarrubias, Adonay		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 73/132 Rpt: 76/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Mancia Covarrubias, Adonay		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Mancias, Vivian		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Mancias, Vivian		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Martin, Denise		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
·	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Martin, Denise		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 74/132 Rpt: 77/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
12/08/2023	Martin, Noah		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Martin, Noah	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Martin, William		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Martin, William		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Martinez, Henry		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
			Sch: 75/132 Rpt: 78/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date 12/22/2023	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Martinez, Henry		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Mason, Bryan		\$4.50
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Principal occu	Austin, TX 78721	Employer (See Instructions	
Medic	ipation / Job title (See Instructions)	City of Austin	;)
			Amount of Contribution (\$)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: Mason, Bryan	)	Amount of Contribution (\$) \$4.50
ILILLILULU	Contributor address; City; State; Zip Code		ψ
	Continuation address, City, State, Lip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Maxwell, Aaron		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Maxwell, Aaron		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	<i>;</i> )
WIEuic			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 76/132 Rpt: 79/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	May, Alexandra		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	May, Alexandra		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Mayian, Jimma	)	Amount of Contribution (\$) \$3.00
12/00/2020			φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Mayian, Jimma		\$3.00
	Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	McClelland, Sterling		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 77/132 Rpt: 80/137	
2 FILER NAME		:	3 Filer ID (Ethics Commission Filers)	)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202	
4 Date 12/22/2023	5 Full name of contributor out-of-state PAC (ID#: McClelland, Sterling	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3</li></ul>	3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/08/2023	McDaniel, Michael			9.50
	······································			
	Austin, TX 78721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/22/2023	McDaniel, Michael			9.50
	Contributor address; City; State; Zip Code			
Dringing oppu	Austin, TX 78721			
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Date				
	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Full name of contributor Dut-of-state PAC (ID#:	)		2.50
12/08/2023		)		2.50
12/08/2023	McGarry, Kenneth	) )		2.50
Principal occu	McGarry, Kenneth Contributor address; City; State; Zip Code	Employer (See Instructions)	\$2	2.50
	McGarry, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721		\$2	2.50
Principal occu	McGarry, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	\$2	2.50
Principal occu Medic	McGarry, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	\$2 Amount of Contribution (\$)	2.50
Principal occu Medic Date	McGarry, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) City of Austin	\$2 Amount of Contribution (\$)	
Principal occu Medic Date	McGarry, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ McGarry, Kenneth	Employer (See Instructions) City of Austin	\$2 Amount of Contribution (\$)	
Principal occu Medic Date 12/22/2023	McGarry, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: McGarry, Kenneth Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	\$2 Amount of Contribution (\$) \$2	

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 78/132 Rpt: 81/137	
2 FILER NAME		:	3 Filer ID (Ethics Commission File	ers)
Austin Travis	County Emergency Medical Services Employee PA		00053202	
4 Date !	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
12/08/2023	McIntire, Morgan			\$1.00
i i	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	ation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/22/2023	McIntire, Morgan			\$1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	ation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	McLaughlin, Kathleen			\$3.00
	Contributor address; City; State; Zip Code			
	Auctin TX 78701			
Principal occup	Austin, TX 78721	Employer (See Instructions)		
	Austin, TX 78721 nation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Medic	nation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Medic Date	Full name of contributor Dut-of-state PAC (ID#:_		Amount of Contribution (\$)	\$2.00
Medic	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor Dut-of-state PAC (ID#:_		Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Kathleen Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Kathleen Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023 Principal occup Medic	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023	Fation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         McLaughlin, Kathleen         Contributor address; City; State; Zip Code         Austin, TX 78721         Pation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023 Principal occup Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	
Medic Date 12/22/2023 Principal occup Medic Date	Full name of contributor       out-of-state PAC (ID#:_         McLaughlin, Kathleen       Out-of-state PAC (ID#:_         Contributor address;       City; State; Zip Code         Austin, TX 78721       Out-of-state PAC (ID#:_         wation / Job title (See Instructions)       Out-of-state PAC (ID#:_         Full name of contributor       Out-of-state PAC (ID#:_         McNiff, Katie       Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 12/22/2023 Principal occup Medic Date	Full name of contributor       out-of-state PAC (ID#:_         McLaughlin, Kathleen       Out-of-state PAC (ID#:_         Contributor address;       City; State; Zip Code         Austin, TX 78721       Out-of-state PAC (ID#:_         wation / Job title (See Instructions)       Out-of-state PAC (ID#:_         Full name of contributor       Out-of-state PAC (ID#:_         McNiff, Katie       Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 12/22/2023 Principal occup Medic Date	Full name of contributor       out-of-state PAC (ID#:_         McLaughlin, Kathleen       Out-of-state PAC (ID#:_         Contributor address;       City; State; Zip Code         Austin, TX 78721       Out-of-state PAC (ID#:_         wation / Job title (See Instructions)       Out-of-state PAC (ID#:_         Full name of contributor       Out-of-state PAC (ID#:_         McNiff, Katie       Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 12/22/2023 Principal occup Medic Date 12/08/2023	Fation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         McLaughlin, Kathleen         Contributor address; City; State; Zip Code         Austin, TX 78721         bation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         McNiff, Katie         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 79/132 Rpt: 82/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	McNiff, Katie		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Medina, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Medina, Jonathan	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Megally, Maureen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>י</i> ן
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Megally, Maureen	/	\$3.00
± <i>L</i> , <u> </u>	Contributor address; City; State; Zip Code		· · · · ·
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 80/132 Rpt: 83/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Mendez, Corey		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Mendez, Corey		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	*)
			Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Mestaz, Thomas	)	Amount of Contribution (\$) \$3.00
12/00/2020			ψυ.υι
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Mestaz, Thomas		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Miller, Matthew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	<i>י</i> /
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plains how to complete this ncy Medical Services Employee P ontributor out-of-state PAC (ID#: ew dress; City; State; Zip Code	PAC 3	<ul> <li>Total pages Schedule A1: Sch: 81/132 Rpt: 84/137</li> <li>Filer ID (Ethics Commission F 00053202</li> <li>Amount of Contribution (\$)</li> </ul>	-ilers)
ontributor out-of-state PAC (ID#:	PAC	00053202	-ilers)
ontributor out-of-state PAC (ID#:	PAC	00053202	Υ.
2W	) 7	Amount of Contribution (\$)	
Iress: City: State: Zin Code			\$3.00
3721			
ee Instructions)	9 Employer (See Instructions)		
	City of Austin		
ontributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
dalupe			\$5.00
dress; City; State; Zip Code			
3721	<u> </u>		
e Instructions)	Employer (See Instructions)		
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ontributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
dalupe			\$5.00
dress; City; State; Zip Code			
e Instructions)			
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	:)	Amount of Contribution (\$)	
holas			\$3.00
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	Employor (Soo Instructions)		
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ontributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	<b>*</b> 2.00
			\$3.00
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	ee Instructions)	ee Instructions) 9 Employer (See Instructions) City of Austin   pontributor out-of-state PAC (ID#:) dalupe   dalupe	be Instructions) <ul> <li>Employer (See Instructions)</li> <li>City of Austin</li> </ul> Definition out-of-state PAC (ID#:) Amount of Contribution (\$)   dalupe   datage   datage

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
		Sch: 82/132 Rpt: 85/137	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023			\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	Σ δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Monson, Nancy		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic	<del></del>	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Moore, Garrett		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/22/2023			\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	i	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 83/132 Rpt: 86/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 12/08/2023	5 Full name of contributor out-of-state PAC (ID#: Morris, Kyle	)	7 Amount of Contribution (\$) \$3.00
12/00/2020	-		φυ.υυ
	6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Morris, Kyle		\$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Morrison, Timothy		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Morrison, Timothy		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)
			Amount of Contribution (#)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$2.00
12/00/2025	Morton, Rebecca		ψ2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
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Austin Travis County Emergency Medical Services Employee PAC     00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         I Date       5 Full name of contributor       out-of-state PAC (Duing)       7 Amount of Contribution (S)         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7 Amount of Contribution (S)         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         12/08/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (S)         12/08/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (S)         12/08/2023       Muniz, Brian       Contribution address; Cliy; State; Zlp Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         Muniz, Brian       Contribution address; Cliy; State; Zlp Code       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (S)         12/08/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (S)         12/22/2023       Murphy, Michelle       Contribution	The Instru	ction Guide explains how to complete this	form.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         I Date       5 Full name of contributor       out-of-state PAC (ID#)       7         Austin, TX 78721       6       Contributor address; City; State; Zip Code       7         Austin, TX 78721       9       Employer (See Instructions)       9         Medic       0ut-of-state PAC (ID#)       0ut-of-state PAC (ID#)       Amount of Contribution (\$)         12/208/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/208/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/20202       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/208/20	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
12/22/2023       Morton, Rebecca       \$2.00         6       Contributor address; City; State; Zip Code	Austin Travis	s County Emergency Medical Services Employee F	YAC	
12/22/2023       Morton, Rebecca       \$2.00         6       Contributor address; City; State; Zip Code	4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
Austin, TX 78721       Pincipal occupation / Job title (See Instructions) Medic       Pincipal occupation / Job title (See Instructions) City of Austin       Amount of Contribution (S) \$2.00         Date       Full name of contributor       out-of-state PAC (Do//	12/22/2023			
Austin, TX 78721       Pincipal occupation / Job title (See Instructions) Medic       Pincipal occupation / Job title (See Instructions) City of Austin       Amount of Contribution (S) \$2.00         Date       Full name of contributor       out-of-state PAC (Do//		6 Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (Der)         12/08/2023       Muniz, Brian       \$2.00         Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$2.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)       \$2.00         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$2.00         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$2.00         12/22/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.00         Medic       Out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         12/08/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         12/08/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         Date       Full name of contr				
Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (Der)         12/08/2023       Muniz, Brian       \$2.00         Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$2.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)       \$2.00         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$2.00         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$2.00         12/22/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.00         Medic       Out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         12/08/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         12/08/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)       \$3.00         Date       Full name of contr				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         12/08/2023       Muniz, Brian       s2.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$2.00         Austin, TX 78721       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         12/08/2023       Full name of contributor       out-of-state PAC (IDF       City of Austin         Date       Full name of contributor       out-of-state PAC (IDF       City of Austin         Date       Full name of contributor				
Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         12/08/2023       Muniz, Brian       \$2.00         Contributor address; City; State; Zip Code       State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Medic       Out-of-state PAC (D#)         Amount of Contribution (\$)       \$2.00         Medic       Out-of-state PAC (D#)         Amount of Contribution (\$)       S2.00         Muniz, Brian       Out-of-state PAC (D#)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#)         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#		pation / Job title (See Instructions)		3)
12/08/2023       Muniz, Brian       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (IDE:         Date       Full name of contributor         12/22/2023       Muniz, Brian         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Muniz, Brian         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (IDE:         Date       Full name of contributor       out-of-state PAC (IDE:         12/08/2023       Murphy, Michelle       Amount of Contribution (\$)         12/08/2023       Murphy, Michelle       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (IDE:       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (IDE:       Amount of Contributio	Medic		City of Austin	
Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	Date		)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	12/08/2023			\$2.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         12/22/2023       Muniz, Brian       \$2.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$2.00         Austin, TX 78721       Employer (See Instructions) Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         12/22/2023       Muniz, Brian       \$2.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$2.00         Austin, TX 78721       Employer (See Instructions) Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         12/22/2023       Muniz, Brian       \$2.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$2.00         Austin, TX 78721       Employer (See Instructions) Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#:				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Muniz, Brian       S2.00         Contributor address; City; State; Zip Code       S2.00         Austin, TX 78721       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Murphy, Michelle       \$3.00       \$3.00         Contributor address; City; State; Zip Code       City of Austin       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor address; City; State; Zip Code	· · ·			<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Muniz, Brian       \$2.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Murphy, Michelle       contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Murphy, Michelle       contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         12/22/2023       Murphy, Michelle       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         12/22/2023       Full name of contributor		pation / Job title (See Instructions)		;)
12/22/2023       Muniz, Brian       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor         12/08/2023       Murphy, Michelle         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Murphy, Michelle         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle       S3.00       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         I2/22/2023       Murphy, Michelle       S3.00       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       S3.00         I2/22/2023       Murphy, Michelle			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Murphy, Michelle       Amount of Contribution (\$)         12/08/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin         12/22/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code	12/22/2023	Muniz, Brian		\$2.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Murphy, Michelle       \$3.00         12/08/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle      )       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Murphy, Michelle       \$3.00         12/08/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle      )       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Murphy, Michelle       \$3.00         12/08/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle      )       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Auctin TV 70701		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle	Drincinal occu		Employor (See Instructions	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       City of Austin       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Murphy, Michelle       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle       \$3.00       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				»)
12/08/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Murphy, Michelle       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         12/22/2023         Murphy, Michelle         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Murphy, Michelle         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Murphy, Michelle       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/08/2023			ຸ ຈວ.ບບ
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Murphy, Michelle         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Murphy, Michelle         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Murphy, Michelle         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin. TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Amount of Contributor (\$)         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions	<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				<i>''</i>
12/22/2023       Murphy, Michelle       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			·/	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	<b>± = / = = /</b> = = = = =			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Continuation address, City, State, Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		Austin, TX 78721		
	Principal occu		Employer (See Instructions	<u>ا</u> ٤)
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 85/132 Rpt: 88/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P.	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Negron, Luis		\$3.0
	6 Contributor address; City; State; Zip Code		
2 Dringingloog	Austin, TX 78721		N
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)
			(۵)
Date		)	Amount of Contribution (\$)
12/22/2023			\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	j)
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Nelson, William		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Nelson, William		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/08/2023	Nguyen, Christopher	/	\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 86/132 Rpt: 89/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/2023	Nguyen, Christopher		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Noak, Darren		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Noak, Darren		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Noble, Keith		\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing occu	Austin, TX 78721	Employer (See Instructions	
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
		-	1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Noble, Keith		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>י</i> ן
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 87/132 Rpt: 90/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Noftle, Rachel		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Noftle, Rachel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	»)
		-	Amount of Contribution (#)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Nudelman, Lee	)	Amount of Contribution (\$) \$5.00
12/00/2025			ψυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Nudelman, Lee		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Olivarez, Dominique		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 88/132 Rpt: 91/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/2023	Olivarez, Dominique		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	 	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Olivo, Nicholas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>יי</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Olivo, Nicholas	/	\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Orr, John		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)
			Amount of Contribution (\$)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: Orr, John	)	Amount of Contribution (\$) \$3.00
ILILLILULU	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>۲</u> ۵)
Medic		City of Austin	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 89/132 Rpt: 92/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Orr, Valeria		\$3.00
	6 Contributor address; City; State; Zip Code		
	Auctio TV 70701		
Princinal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Full name of contributor out-of-state PAC (ID#: Orr, Valeria	)	\$3.00
	Contributor address; City; State; Zip Code		+0.00
	Continuation address, Oity, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Pailes, Kenneth		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin TV 79721		
Princinal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Pailes, Kenneth		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Palmer, Jacob		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 90/132 Rpt: 93/137
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
12/22/2023	Palmer, Jacob		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Patterson, Roger		\$4.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Patterson, Roger		\$4.50
	Contributor address; City; State; Zip Code		
Duin sin stars	Austin, TX 78721		
Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Pearson, Kayla		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()
Medic		City of Austin	
	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: Pearson, Kayla	)	Amount of Contribution (\$) \$3.00
12/22/2023	Contributor address; City; State; Zip Code		\$3.00
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	I ;)
Medic	· · · ·	City of Austin	
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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 91/132 Rpt: 94/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee P	AC	00053202
4 Date 12/08/2023	5 Full name of contributor out-of-state PAC (ID#: Perry, Sean	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Perry, Sean		\$3.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Phillips, Heather		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Phillips, Heather		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Phillips, Kyle		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 92/132 Rpt: 95/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/2023	Phillips, Kyle		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Plewacki, Thomas		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Plewacki, Thomas		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Poss, Lauren		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	i	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Poss, Lauren		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721	1	
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 93/132 Rpt: 96/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
12/08/2023	Powell-Evans, Simon		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	l;)
Medic		City of Austin	, ,
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Full name of contributor out-of-state PAC (ID#: Powell-Evans, Simon	)	\$5.00
12/22/2023			φ
	Contributor address; City; State; Zip Code		
	Austin TX 79721		
Dringinglassy	Austin, TX 78721		<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	.)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Powers, Kristy		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Powers, Kristy		\$2.50
	Contributor address; City; State; Zip Code		
	-		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Price, Amber	,	\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 94/132 Rpt: 97/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Price, Amber		\$2.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Pruiett, Cayden		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	*)
			Amount of Contribution (\$)
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
12/22/2023			φο.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Puckett, James		\$2.30
	Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721		-
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic	·	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Puckett, James		\$2.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	"

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 95/132 Rpt: 98/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date 12/08/2023			<ul><li>7 Amount of Contribution (\$)</li><li>\$2.00</li></ul>
	6 Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Pursley, Shaun		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Quiroz Mendez, Jesus		\$3.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Quiroz Mendez, Jesus		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Rafferty, Zachary		\$13.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 96/132 Rpt: 99/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Trav	is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/2023			\$13.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic	<u></u>	City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occ	upation / Job title (See Instructions)	Employer (See Instructions	[
Medic		City of Austin	2)
Date	Full name of contributor Out-of-state PAC (ID#:	-	Amount of Contribution (\$)
12/22/2023		)	\$3.00
14/24/2020	Contributor address; City; State; Zip Code		
	Contributor dudress, City, State, Zip Code		
	Austin, TX 78721		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Rasmussen, Nathan		\$9.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic	<u></u>	City of Austin	. <u> </u>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	·		\$9.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>/
MCGIC			

Austin Travis County Emergency Medical Services Employee PAC     00053202				
2: FILER NAME       3: Filer ID       (Ethics Commission Filers)         Austin Travis County Emergency Medical Services Employee PAC       3: Filer ID       (Ethics Commission Filers)         1: Date       1: Austin, Tax 78721       7: Amount of Contribution (\$)         1: Bate       1: Joing and address; City; State; Zip Code       7: Amount of Contribution (\$)         1: Bate       1: Joing address; City; State; Zip Code       7: Amount of Contribution (\$)         1: Bate       Full name of contributor       out-of-state PAC (ID#	The Instru	ction Guide explains how to complete this f	form.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         I Date       \$ Full name of contributor       out-of-state PAC (Duing)       7         Austin, TX 78721       \$ Contributor address; City; State; Zip Code       \$ Contributor address; City; State; Zip Code       \$ S.3.00         12/22/2023       Full name of contributor       out-of-state PAC (Duing)       \$ Employer (See Instructions)       \$ Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (\$)         12/22/2023       Rasmussen, Rebecca       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rasmussen, Rebecca       Contributor out-of-state PAC (Duing)       Amount of Contribution (\$)         12/22/2023       Rasmussen, Rebecca       Contributor out-of-state PAC (Duing)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (Duing)       Amount of Contribution (\$) <t< td=""><td>2 FILER NAME</td><td></td><td></td><td></td></t<>	2 FILER NAME			
12/08/2023       Rasmussen, Rebecca       \$3.00         Austin, TX 78721       9       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date 12/22/2023       Full name of contributor       out-of-state PAC (Dot Austin, TX 78721       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (Dot Lity of Austin       Amount of Contribution (\$) \$3.00         Date 12/09/2023       Full name of contributor       out-of-state PAC (Dot Lity of Austin       Amount of Contribution (\$) \$3.00         Date 12/09/2023       Full name of contributor       out-of-state PAC (Dot Lity of Austin       Amount of Contribution (\$) \$3.00         Date 12/22/2023       Full name of contributor       out-of-state PAC (Dot Lity of Austin       Amount of Contribution (\$) \$3.00         Date 12/22/2023       Full name of contributor       out-of-state PAC (Dot Lity of Austin       Amount of Contribution (\$) \$3.00         Date 12/22/2023       Full name of contributor       out-of-state PAC (Dot Lity of Austin       Amount of Contribution (\$) \$3.00         Date 12/08/2023       Full name of contributor       out-of-state PAC (Dot Lity of Austin       Amount of Contribution (\$) \$3.00 <td></td> <td>s County Emergency Medical Services Employee P.</td> <td>AC</td> <td></td>		s County Emergency Medical Services Employee P.	AC	
6       Contributor address; City, State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor out-ot-state PAC (Do:) Rasmussen, Rebecca Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor out-ot-state PAC (Do:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor out-ot-state PAC (Do:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Full name of contributor out-ot-state PAC (Do:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) <td>4 Date</td> <td>5 Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>7 Amount of Contribution (\$)</td>	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address: City; State; Zip Code         Austin, TX 78721       9         3       Principal occupation / Job title (See Instructions) Medic       9         Date       Full name of contributor       out-of-state PAC (DP/	12/08/2023			\$3.0
3       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor Rasmussen, Rebecca       out-of-state PAC (D#:) Rasmussen, Rebecca       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (D#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor       out-of-state PAC (D#:) Rattan, MaKena       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/22/2023       Full name of contributor       out-of-state PAC (D#:) Amount of Contribution (\$)       \$3.00         Date 12/22/2023       Full name of contributor       out-of-state PAC (D#:) Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date 12/08/2023       Full name of contributor Rawm, Madison       out-of-state PAC (D#:				
3       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor Rasmussen, Rebecca       out-of-state PAC (D#:) Rasmussen, Rebecca       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (D#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor       out-of-state PAC (D#:) Rattan, MaKena       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/22/2023       Full name of contributor       out-of-state PAC (D#:) Amount of Contribution (\$)       \$3.00         Date 12/22/2023       Full name of contributor       out-of-state PAC (D#:) Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date 12/08/2023       Full name of contributor Rawm, Madison       out-of-state PAC (D#:				
3       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor Rasmussen, Rebecca       out-of-state PAC (D#:) Rasmussen, Rebecca       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (D#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor       out-of-state PAC (D#:) Rattan, MaKena       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/22/2023       Full name of contributor       out-of-state PAC (D#:) Amount of Contribution (\$)       \$3.00         Date 12/22/2023       Full name of contributor       out-of-state PAC (D#:) Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date 12/08/2023       Full name of contributor Rawm, Madison       out-of-state PAC (D#:				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (DP/				
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       State       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/08/2023       Rattan, MaKena       \$3.00       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Full name of contributor       out-of-state PAC (ID#		pation / Job title (See Instructions)		)
12/22/2023       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor address; City; State; Zip Code         12/08/2023       Rattan, MaKena         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       City of Austin       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:         12/08/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:         12/22/2023       Rattan, MaKena       City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:         12/22/2023       Rattan, MaKena       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/20/2023       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (IDE:       City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:       Amount of Contributor (\$)         12/08/2023		Full name of contributor out-of-state PAC (ID#:	)	
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (IDF:	12/22/2023			\$3.0
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         12/08/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         12/08/2023       Rawn, Madison       City of Austin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Rawn, Madison       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         12/08/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         12/08/2023       Rawn, Madison       City of Austin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Rawn, Madison       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         12/08/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         12/08/2023       Rawn, Madison       City of Austin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Rawn, Madison       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena        Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         12/22/2023       Rattan, MaKena		pation / Job title (See Instructions)		)
12/08/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/22/2023       Rattan, MaKena         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       Cut-of-state PAC (ID#:	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor         12/22/2023       Rattan, MaKena         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Laustin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         12/08/2023       Rawn, Madison       City of Austin         12/08/2023       Rawn, Madison       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Employer (See Instructions)			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Rattan, MaKena       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) 12/08/2023       Amount of Contributor site PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/08/2023	Rattan, MaKena		\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Vertical address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         12/08/2023       Full name of contributor         Rawn, Madison       Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Vertical address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         12/08/2023       Full name of contributor         Rawn, Madison       Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Vertical address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         12/08/2023       Full name of contributor         Rawn, Madison       Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin TV 70701		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Rawn, Madison       City of Austin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00	Dringing ago			<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Date       Full name of contributor         12/08/2023       Full name of contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#;)         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00		pation / Job title (See Instructions)		·)
12/22/2023       Rattan, MaKena       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Rawn, Madison       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			<u> </u>	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         0ut-of-state PAC (ID#:)         Amount of Contribution (\$)         Rawn, Madison         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) 12/08/2023       Amount of Contribution (\$) Rawn, Madison         Contributor address; City; State; Zip Code       Amount of Contribution (\$) 4ustin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/22/2023			\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Rawn, Madison         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Rawn, Madison         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Rawn, Madison         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Rawn, Madison       \$3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions	j)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Rawn, Madison       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)		panon,		,
12/08/2023       Rawn, Madison       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date			Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			/	.,
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78721		
Medic City of Austin	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	i)
	Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 98/132 Rpt: 101/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/2023	Rawn, Madison		\$3.00
	6 Contributor address; City; State; Zip Code		1
2 Dringing agou	Austin, TX 78721		->
8 Principal occuj Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Reader, Robert		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing oppu	Austin, TX 78721		<u> </u>
Principal occuj Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Redd, Kevin	)	Amount of Contribution (\$) \$1.30
12/00/2023			ψ±.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Redd, Kevin		\$1.30
	Contributor address; City; State; Zip Code		1
Dringing agou	Austin, TX 78721		-
Principal occuj Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1:
	· · ·	-	Sch: 99/132 Rpt: 102/137
2 FILER NAME		A.C.	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
	s County Emergency Medical Services Employee P/		
4 Date 12/08/2023	5 Full name of contributor out-of-state PAC (ID#: Reffell, Kelaiah	)	7 Amount of Contribution (\$) \$3.00
12/00/2020	6 Contributor address; City; State; Zip Code		ψο.ου
	<b>b</b> Continuation address, City, State, Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Reffell, Kelaiah		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing Loopu	Austin, TX 78721		<u> </u>
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Regier, Natalie		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Regier, Natalie		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 79721		
Bringinal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	>)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Reilly, Susanna	)	Amount of Contribution (\$) \$3.00
12/00/2020	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instruc	tion Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 100/132 Rpt: 103/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee P		00053202
Date	5 Full name of contributor out-of-state PAC (ID#:	7	7 Amount of Contribution (\$)
12/22/2023	Reilly, Susanna		\$3.
i i i	6 Contributor address; City; State; Zip Code		
	Austin TV 70701		
Principal occup	Austin, TX 78721 ation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Reyes, Christopher		\$3.
	Austin, TX 78721		
	ation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023			\$3.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Date 12/08/2023	Rice, Larry		Amount of Contribution (\$) \$2.
	Rice, Larry		
	Rice, Larry Contributor address; City; State; Zip Code		
12/08/2023	Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721		
12/08/2023 Principal occup	Rice, Larry Contributor address; City; State; Zip Code	Employer (See Instructions)	
12/08/2023 Principal occup Medic	Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions)	Employer (See Instructions) City of Austin	\$2.
12/08/2023 Principal occup Medic Date	Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) City of Austin	\$2. Amount of Contribution (\$)
12/08/2023 Principal occup Medic	Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor Rice, Larry	Employer (See Instructions) City of Austin	\$2.
12/08/2023 Principal occup Medic Date	Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#;	Employer (See Instructions) City of Austin	\$2. Amount of Contribution (\$)
12/08/2023 Principal occup Medic Date	Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor Rice, Larry	Employer (See Instructions) City of Austin	\$2. Amount of Contribution (\$)
12/08/2023 Principal occup Medic Date	Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor Rice, Larry	Employer (See Instructions) City of Austin	\$2. Amount of Contribution (\$)
12/08/2023 Principal occup Medic Date 12/22/2023	Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor Rice, Larry Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	\$2. Amount of Contribution (\$)

The Instrue	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 101/132 Rpt: 104/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Richter, Lauren		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	L
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Richter, Lauren		\$3.00
	Contributor address; City; State; Zip Code		
Deinsinglasse	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	3 Risinger, Russell		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
Medic		City of Austin	)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Risinger, Russell		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	/
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of Contribution (\$)
12/08/2023	Rivera, Nathaniel	/	\$3.00
12,00,2020	Contributor address; City; State: Zip Code		40.00
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	, ,

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 102/132 Rpt: 105/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee P.	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023			\$3.00
	6 Contributor address; City; State; Zip Code		1
C. Directional ages	Austin, TX 78721		Į
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
		-	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic	paulin 200 and (000	City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
12/22/2023	Rodgers, Jared	J	\$2.50
,,			•
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Rodriguez, Andrew		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 78721		
Drincinal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Full name of contributor out-of-state PAC (ID#: Rodriguez, Andrew	)	\$3.00
14,22,23	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
1			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 103/132 Rpt: 106/137
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P/		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Rodriguez, Giovanni		\$3.00
	6 Contributor address; City; State; Zip Code		
2 Dringingloggy	Austin, TX 78721		<u> </u>
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)
		-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	(
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/08/2023	Rogers, Darren		\$1.30
12/00/2020			+1.00
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Rogers, Darren		\$1.30
	Contributor address; City; State; Zip Code		
Di indene	Austin, TX 78721		<u></u>
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Rogers, Wesley		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	() ;)
Medic		City of Austin	,
-			

The Inst	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 104/132 Rpt: 107/137
2 FILER NA	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	avis County Emergency Medical Services Employee P	PAC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/202	23 Rogers, Wesley		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal o	accupation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/08/202			\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	occupation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/202	23 Romo, Jodeci		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal o	accupation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	.,
Date	Full name of contributor Out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/08/202		·/	\$2.50
12,00,2.	Contributor address; City; State; Zip Code		· · · · · · ·
	Austin, TX 78721		
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/202	23 Rose, Donald		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	occupation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 105/132 Rpt: 108/137
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
12/08/2023 Rutledge, Lindsey	\$2.50
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Medic City of Au	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/22/2023 Rutledge, Lindsey	\$2.50
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/08/2023 Salmeron, Alejandro	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (	See Instructions)
Medic City of Au	stin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/22/2023 Salmeron, Alejandro	\$3.00
Contributor address; City; State; Zip Code	
Austin TV 70701	
Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (	See Instructions)
Medic City of Au	
Date Full name of contributor out-of-state PAC (ID#: 12/08/2023 Sandoval Ruano, Edward	) Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code	ψυ.υυ
Contributor address, City, State, Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (	See Instructions)
Medic City of Au	ctin
	Sull

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 106/132 Rpt: 109/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023			\$3.00
	6 Contributor address; City; State; Zip Code		1
Dringinglocg	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions	
Medic		City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Santiago, Sabrina		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	i	
•	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Santiago, Sabrina		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Scamman, Alexis		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	<u>.</u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Scamman, Alexis		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	<i>'</i>

Austin Travis County Emergency Medical Services Employee PAC     00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full mame of contributor       out-of-state PAC (DU)       7 Amount of Contribution (\$)         5 Chickel, Matthew       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         5 Chickel, Matthew       9 Employer (See Instructions)       Amount of Contribution (\$)         7 Anount of Contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         7 Date       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         7 Contributor address; City; State; Zip Code       City of Austin       St.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       St.1.30         Otter       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         12/22/2024       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         12/22/2024       Full	The Instru	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full mame of contributor       out-of-state PAC (DU)       7 Amount of Contribution (\$)         5 Chickel, Matthew       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         5 Chickel, Matthew       9 Employer (See Instructions)       Amount of Contribution (\$)         7 Anount of Contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         7 Date       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         7 Contributor address; City; State; Zip Code       City of Austin       St.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       St.1.30         Otter       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         12/22/2024       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (DU)       Amount of Contribution (\$)         12/22/2024       Full	2 FILER NAME			· · · · · · · · · · · · · · · · · · ·
12/08/2023       Schickel, Matthew       \$5.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Christian Compatibility (Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$5.00         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$5.00         Date       Schulz, Douglas       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.30         Date       Schulz, Douglas       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.30         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       State; Zip Code       Annount of Contribution (\$)       \$1.30         Date       Full name of contributor       out-of-state PAC (Der			AC	
<ul> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721             </li> </ul> <ul> <li>Principal occupation / Job title (See Instructions)</li> <li>City of Austin</li> </ul> Amount of Contribution (\$) <ul> <li>Schickel, Matthew</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721         <ul> <li>Principal occupation / Job title (See Instructions)</li> <li>City of Austin</li> </ul>           Amount of Contribution (\$)         <ul> <li>Schickel, Matthew</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721         <ul> <li>Principal occupation / Job title (See Instructions)</li> <li>City of Austin</li> <li>Amount of Contribution (\$)             <li>Schulz, Douglas</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721         </li> </li></ul> <ul> <li>Amount of Contribution (\$)</li> <li>Schulz, Douglas</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721         </li> </ul> <ul> <li>Amount of Contribution (\$)</li> <li>Schulz, Douglas</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721         </li> </ul> <ul> <li>Amount of Contribution (\$)</li> <li>Schulz, Douglas</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721         </li> </ul> <ul> <li>Amount of Contribution (\$)</li> <li>Schulz, Douglas</li></ul></li></ul></li></ul>	4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions)         Date	12/08/2023			\$5.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor       out-of-state PAC (Der) Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/28/2023       Full name of contributor       out-of-state PAC (Der) Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor       out-of-state PAC (Der) Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/28/2023       Full name of contributor       out-of-state PAC (Der) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (Der) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Der) Contributior address; City; State; Zip Code<				1
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor       out-of-state PAC (Der) Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/28/2023       Full name of contributor       out-of-state PAC (Der) Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Date 12/08/2023       Full name of contributor       out-of-state PAC (Der) Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 12/28/2023       Full name of contributor       out-of-state PAC (Der) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (Der) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (Der) Contributior address; City; State; Zip Code<				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         \$5.00       Schickel, Matthew Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$1.30         Date 12/08/2023       Full name of contributor       out-of-state PAC (Der) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.30         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.30         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$1.30         Date 12/22/2023       Full name of contributor       out-of-state PAC (Der) Austin, TX 78721       Amount of Contribution (\$)       \$1.30         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.30         12/08/2023       Full name of contributor       out-of-state PAC (Der		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Schickel, Matthew       \$5.00         Contributor address: City: State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Medic       Contributor address; City: State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#)         Austin, TX 78721       Amount of Contribution (\$)         Schulz, Douglas       State; Zip Code         Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City: State; Zip Code       Amount of Contribution (\$)         12/22/2023       Schulz, Douglas       State         Contributor address; City: State; Zip Code       Amount of Contribution (\$)         12/22/2023       Schulz, Douglas       State         Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City: State; Zip Code       Amount of Contribution (\$)	8 Principal occu	Jupation / Job title (See Instructions)	9 Employer (See Instructions	5)
12/22/2023       Schickel, Matthew       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (IDF:			City of Austin	
12/22/2023       Schickel, Matthew       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (IDF:	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         12/08/2023         Schulz, Douglas         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Kedic         Date         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Kedic         Date         Full name of contributor         Out-of-state PAC (ID#	12/22/2023			
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor or out-of-state PAC (ID#:) Schulz, Douglas       Amount of Contribution (\$) Schulz, Douglas         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 12/22/2023       Full name of contributor or out-of-state PAC (ID#:) Schulz, Douglas       Amount of Contribution (\$) Schulz, Douglas         Date 12/22/2023       Full name of contributor or out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) Schulz, Douglas         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) City of Austin       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor or out-of-state PAC (ID#:) Schut, Kyle       Amount of Contribution (\$) Schut, Kyle         Contributor address; City; State; Zip Code       Amount of Contribution (\$) Schut, Kyle       \$1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) Schut, Kyle       \$1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) Schut, Kyle       \$1.00<				•
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Schulz, Douglas       \$1.30         Contributor address; City, State; Zip Code       Austin, TX 78721       \$1.30         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Schulz, Douglas       City of Austin       Amount of Contribution (\$)         12/22/2023       Schulz, Douglas       S1.30         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$1.30         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.30         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.30         Date       Full name of contributor       out-of-state PAC (ID#:		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Schulz, Douglas       \$1.30         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.30         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Schulz, Douglas       City of Austin       Amount of Contribution (\$)         12/22/2023       Schulz, Douglas       Amount of Contribution (\$)       \$1.30         Vertical accupation / Job title (See Instructions)       Employer (See Instructions)       \$1.30         Medic       Austin, TX 78721       Amount of Contribution (\$)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.00         12/08/2023       Schutt, Kyle       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.00         12/08/2023	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
12/08/2023       Schulz, Douglas       \$1.30         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         12/22/2023         Schulz, Douglas         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Principal occupation / Sob title (See Instructions)         Medic         Date         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         City of Austin         Date         Full name of contributor         Out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Schulz, Douglas       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.30         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Schutt, Kyle	12/08/2023			\$1.30
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Schulz, Douglas       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Schutt, Kyle         12/08/2023       Schutt, Kyle       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				1
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Schulz, Douglas       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Schutt, Kyle         12/08/2023       Schutt, Kyle       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Schulz, Douglas       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Schutt, Kyle         12/08/2023       Schutt, Kyle       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Schulz, Douglas       \$1.30         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Schutt, Kyle       Schutt, Kyle       \$1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00			1	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Schulz, Douglas       \$1.30         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         12/08/2023       Schutt, Kyle         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         City of Austin         Amount of Contributor (\$)         Schutt, Kyle         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)		ipation / Job title (See Instructions)		5)
12/22/2023       Schulz, Douglas       \$1.30         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Schutt, Kyle       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Médic		City of Austin	
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Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Schutt, Kyle         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Full name of contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/22/2023	-		\$1.30
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Schutt, Kyle       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Schutt, Kyle       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Schutt, Kyle       \$1.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Schutt, Kyle       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
12/08/2023       Schutt, Kyle       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin	
12/08/2023       Schutt, Kyle       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/08/2023			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		•
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		Austin, TX 78721		
Medic City of Austin	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Medic		City of Austin	

<ul> <li>The Instruction Guide explains how to complete this form.</li> <li>FILER NAME         Austin Travis County Emergency Medical Services Employee PAC     </li> </ul>	
	1 Total pages Schedule A1: Sch: 108/132 Rpt: 111/137
	<b>3</b> Filer ID (Ethics Commission Filers)
	00053202
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/22/2023 Schutt, Kyle	\$1.00
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8 Principal occupation / Job title (See Instructions)     9 Employer (See Instruction	 IS)
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Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/08/2023 Scott, Austin	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instruction	IS)
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Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/22/2023 Scott, Austin	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
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Date     Full name of contributor     out-of-state PAC (ID#:)       12/08/2023     Sedillo, Gabriel	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ls)
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Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)	
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Date     Full name of contributor     out-of-state PAC (ID#:)	\$3.00
Date     Full name of contributor     out-of-state PAC (ID#:)       12/22/2023     Sedillo, Gabriel	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Sedillo, Gabriel         Contributor address; City; State; Zip Code	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Sedillo, Gabriel         Contributor address; City; State; Zip Code         Austin, TX 78721	
Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Sedillo, Gabriel	
Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Sedillo, Gabriel         Contributor address; City; State; Zip Code         Austin, TX 78721	

The Instruction Guide explains how to complete this form.       1. Total pages Statelauk A:: Sch: 109/132 Rpt: 112/137         2       FLER NAME Austin Travis County Emergency Medical Services Employee PAC       3. Filer Io         4       Date Date       5. Full name of contributor Austin, TX 78721       7. Amount of Contribution (S) State: Zip Code       7. Amount of Contribution (S)         8       Principal occupation / Job title (See Instructions) Medic       9. Employer (See Instructions) City of Austin       7. Amount of Contribution (S)         Date 12/22/2023       Shelton - Collins, Marcus Contributor address; City, State; Zip Code       7. Amount of Contribution (S)         Date 12/22/2023       Full name of contributor Austin, TX 78721       0. Employer (See Instructions) City of Austin       Amount of Contribution (S)         Date 12/22/2023       Full name of contributor Sincher, Christopher       Contribution (S)       Employer (See Instructions) City of Austin       Amount of Contribution (S)         Date 12/22/2023       Full name of contributor Sincher, Christopher       Contributor address; City, State; Zip Code       Amount of Contribution (S)         Date 12/22/2023       Full name of contributor Sincher, Christopher       Employer (See Instructions) City of Austin       Amount of Contribution (S)         Date 12/22/2023       Full name of contributor Sincher, Christopher       City of Austin <t< th=""><th></th><th></th><th></th><th></th></t<>				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution   out-of-state PAC (Ibs:       )         12/08/2023       6 Contributor address: City, State: 2/p Code       2 Amount of Contribution (S)         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         12/22/2023       Shelton-Collins, Marcus       9 Employer (See Instructions)       Amount of Contribution (S)         12/22/2023       Shelton-Collins, Marcus       0ut-of-state PAC (Ibs:       )       Amount of Contribution (S)         12/22/2023       Shelton-Collins, Marcus       Other of-state PAC (Ibs:       )       Amount of Contribution (S)         12/22/2023       Shelton-Collins, Marcus       City of Austin       Amount of Contribution (S)       \$3.00         12/22/2023       Full name of contributor       out-of-state PAC (Ibs:       )       Amount of Contribution (S)       \$3.00         Date       Full name of contributor       out-of-state PAC (Ibs:       )       Amount of Contribution (S)       \$3.00         Date       Sincher, Christopher       City of Austin       Amount of Contribution (S)       \$3.00         12/208/2023       Full name of contributor       out-of-state PAC (Ibs:       City of Austin       \$3.00	The Instruc	ction Guide explains how to complete this f	orm.	
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6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) Medic         Date       Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;	Dringinglocou		Employer (See Instructions	
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Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	12/22/2023			\$3.00
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Sircher, Christopher       \$3.00         Contributor address; City; State; Zip Code       austin, TX 78721       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Sircher, Christopher       City of Austin       \$3.00         12/22/2023       Sircher, Christopher       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         12/08/2023       Sklar, Estelle       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00 <td>Drincipal occur</td> <td></td> <td>Employer (See Instructions</td> <td></td>	Drincipal occur		Employer (See Instructions	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Sircher, Christopher       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Medic       Full name of contributor         Date       Full name of contributor         12/22/2023       Sircher, Christopher         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Sircher, Christopher       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)       State; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Austin, TX 78721       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructi				"
12/08/2023       Sircher, Christopher       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Sircher, Christopher       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Sitcher, Christopher         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Gut-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         12/08/2023       Sklar, Estelle       Sklar; Estelle       \$3.00       \$3.00       \$3.00         Austin, TX 78721       Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Full name of contributor		Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Sircher, Christopher         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Out-of-state PAC (ID#:)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor			)	
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Sircher, Christopher       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Adstin, TX 78721       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Sklar, Estelle       Amount of Contribution (\$)         Sklar, Estelle       State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Sircher, Christopher       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:)         Date       Full name of contributor         12/08/2023       Sklar, Estelle         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job title (See Instructions)		\$)
12/22/2023       Sircher, Christopher       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Sklar, Estelle       Sklar, Estelle       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$3.00         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         Sklar, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         Sklar, Estelle         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Sklar, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Sklar, Estelle Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/22/2023			\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00         12/08/2023       Sklar, Estelle         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00         12/08/2023       Sklar, Estelle         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Sklar, Estelle       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Austin (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Sklar, Estelle       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
12/08/2023       Sklar, Estelle       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/08/2023	Sklar, Estelle		\$3.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin TX 78721		
	Principal occu		Employer (See Instructions	s)
				· ·

The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 110/132 Rpt: 113/137
2 FILER NAME	:	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PA		00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/22/2023 Sklar, Estelle		\$3.00
6 Contributor address; City; State; Zip Code		
Austin, TX 78721	C. Employer (Cas Instructions)	
8 Principal occupation / Job title (See Instructions) Medic	9 Employer (See Instructions) City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
		\$3.00
Contributor address; City; State; Zip Code		
Austin, TX 78721		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Medic	City of Austin	
Date Full name of contributor out-of-state PAC (ID#:_	,	Amount of Contribution (\$)
12/22/2023 Slattery, Christian	/	\$3.00
		+
Austin, TX 78721		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Medic	City of Austin	
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023 Smith, Anthony		\$2.50
Contributor address; City; State; Zip Code		
Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic	Employer (See Instructions) City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023 Smith, Anthony		\$2.50
Contributor address; City; State; Zip Code		
Austin, TX 78721		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Medic	City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 111/132 Rpt: 114/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Smith, Ashlyn		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	-,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Smith, Ashlyn		\$3.00
	Contributor address; City; State; Zip Code		
<u> </u>	Austin, TX 78721		Į
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Smith, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Smith, Joshua		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Soto, Darae		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	,

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 112/132 Rpt: 115/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Soto, Darae		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Stec, Ryan		\$3.00
12/00/2020			÷0.00
	Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	l 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Stec, Ryan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	<b>)</b>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Stedman, Christina		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/22/2023	Stedman, Christina	/	\$5.00
± <i>L</i> , <u> </u>	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 113/132 Rpt: 116/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Stephens, Eric		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Princinal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	›) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Stephens, Eric		\$3.00
	Contributor address; City; State; Zip Code		1
Duin single ease	Austin, TX 78721		Į
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Stevens, Mitchell		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Stevens, Mitchell		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
12/08/2023	Stowe, Richard		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 114/132 Rpt: 117/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	Stowe, Richard		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Stubbs, Brian		\$2.5
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Stubbs, Brian		\$2.5
	Contributor address; City; State; Zip Code		
D in single age	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	i)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Swanner, Emily		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Swanner, Emily		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
			;)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 115/132 Rpt: 118/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date 12/08/2023	5 Full name of contributor out-of-state PAC (ID#: Swem, Austin	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
12,00,	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Swem, Austin		\$3.00
I			•
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/08/2023	Swift, Patrick	/	\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Swift, Patrick		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Tait, Grant		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 116/132 Rpt: 119/137
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023			\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin TV 70721		
• Drincinal occi	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions	~\
Medic		City of Austin	»/ 
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Tarrillion, Matthew		\$5.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/22/2023	Tarrillion, Matthew	/	\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Tekamp, Austin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Tekamp, Austin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Principal occu	Austin, TX 78721	Employor (See Instructions	~\
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Miculo			

Austin Travis County Emergency Medical Services Employee PAC     00053202				
2       FLER NAME       3       Filer ID       (Elhics Commission Filers)         4       Date       5       Full mame of contribution       oxe of state PAC (ID#	The Instru	ction Guide explains how to complete this f	form.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributor       out-of-state PAC (Date       7 Amount of Contribution (S)         12/08/2023       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (S)       \$3.00         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         12/22/2023       Thomas, Jonathan       out-of-state PAC (Date       Amount of Contribution (S)         12/22/2023       Thomas, Jonathan       cost-of-state PAC (Date       Amount of Contribution (S)         12/22/2023       Thomas, Jonathan       cost-of-state PAC (Date       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (S)         12/08/2023       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)         12/22/2023       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (	2 FILER NAME	2 FILER NAME		
12/08/2023       Thomas, Jonathan       \$3.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (IDE;			AC	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       Principal occupation / Job title (See Instructions)         Medic       Contributor         Date       Full name of contributor         12/22/2023       Thomas, Jonathan         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out of-state PAC (to#)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/20/2023       Full name of contributor       aux of-state PAC (to#)       Amount of Contribution (\$)         12/22/2023       Full name of contributor       aux of-state PAC (to#)       Amount of Contribution (\$)         12/20/2023       Full name of contributor <td>4 Date</td> <td>5 Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>7 Amount of Contribution (\$)</td>	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address: City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (DB::) Thomas, Jonathan       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (DB::) Thomas, Jonathan       Amount of Contribution (\$)         21/22/2023       Full name of contributor       out-of-state PAC (DB::) Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (DB::)       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (DB::)       Amount of Contribution (\$)         Medic       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$2.00         12/22/2023       Full name of contributor       out-of-state PAC (tD#:)       Amount of Contribution (\$)       \$2.00         12/22/2023       Full name of contributor       out-of-state PAC (tD#:)       Amount of Contribution (\$)       \$2.00         12/22/2023       Full name of contributor       out-of-state PAC (tD#:)       Amount of Con	12/08/2023			\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$3.00         12/22/2023       Thomas, Jonathan       Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin       \$2.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         12/08/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         Medic       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         Thomas, Patrick <td< td=""><td></td><td></td><td></td><td>1</td></td<>				1
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$3.00         12/22/2023       Thomas, Jonathan       Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin       \$2.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         12/08/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         Medic       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         Thomas, Patrick <td< td=""><td></td><td></td><td></td><td></td></td<>				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$3.00         12/22/2023       Thomas, Jonathan       Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (S)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin       \$2.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         12/08/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         Medic       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         12/22/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)       \$2.00         Thomas, Patrick <td< td=""><td></td><td></td><td></td><td></td></td<>				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/22/2023       Thomas, Jonathan       \$3.00         Contributor address; City, State, Zip Code       Full name of contributor address; City, State, Zip Code       Amount of Contributor (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         12/08/2023       Thomas, Patrick       Contributor address; City, State, Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         Medic       Out-of-state PAC (ID#       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         Medic       Out-of-state PAC (ID#       Amount of Contribution (\$)       \$2.00         12/22/2023       Thomas, Patrick       Contributor address; City, State, Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       Out-of-state PAC (ID#       Amount of Contribution (\$)         12/22/2023       Full name of contributor       Out-of-state PAC (ID#	<ol> <li>D in simple and</li> </ol>			Į
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Thomas, Jonathan       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#)         Attemport       Full name of contributor       out-of-state PAC (ID#)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S2.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         Date       Full name of contributor       out-of-state PAC (ID#		pation / Job title (See Instructions)		\$)
12/22/2023       Thomas, Jonathan       \$3.00         Contributor address; City; State; Zip Code				<del>1</del>
Contributor address: City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         12/08/2023         Full name of contributor         Out-of-state PAC (Der         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         12/22/2023         Full name of contributor         Out-of-state PAC (Der         Amount of Contribution (\$)         \$2.00         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Kedic         Date         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Kedic         Date         Full name of contributor         Out-of-state PAC (Der         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State;			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 12/08/2023       Full name of contributor of out-of-state PAC (Der) Thomas, Patrick       Amount of Contribution (\$) \$2.00         Date 12/08/2023       Full name of contributor of contributor of contributor of contributor of contributor of contributor address; City, State; Zip Code       Amount of Contribution (\$) \$2.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$2.00         Date 12/22/2023       Full name of contributor of out-of-state PAC (Der) Thomas, Patrick       Amount of Contribution (\$) \$2.00         Date 12/22/2023       Full name of contributor of out-of-state PAC (Der) Thomas, Patrick       Amount of Contribution (\$) \$2.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$1.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$1.00         Date 12/08/2023       Full name of contributor of out-of-state PAC (Der) Thompson, Garner       Amount of Contribution (\$) Contributor address; City, State; Zip Code       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contrib	12/22/2023			\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Δustin TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         12/08/2023       Thomas, Patrick       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78721       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Kender         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         12/22/2023       Thomas, Patrick       S2.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2023       Full name of contributor       out-of-state PAC (ID#;)         Austin, TX 78721       Employer (See Instructions)       \$2.00         Medic       City of Austin       S2.00         Date       Full name of contributor       out-of-state PAC (ID#;)         Austin, TX 78721       Employer (See Instructions)       S1.00         12/08/2023       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)       \$1.00         12/08/2023       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)       \$1.00         12/08/2023       Full name of contrib	Principal occu		Fmplover (See Instructions	s)
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/08/2023       Thomas, Patrick       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78721       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/22/2023       Thomas, Patrick       City of Austin       Amount of Contribution (\$)         12/22/2023       Thomas, Patrick       \$2.00         Vincipal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         12/22/2023       Thomas, Patrick       S2.00       \$2.00         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         Date       Full name of contributor       out-of-state PAC (ID#	-			<i>'</i> ,
12/08/2023       Thomas, Patrick       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         12/22/2023         Thomas, Patrick         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Principal occupation / Job title (See Instructions)         Medic         Date         Principal occupation / Job title (See Instructions)         Medic         Date         Principal occupation / Job title (See Instructions)         City of Austin         12/08/2023         Thompson, Garner         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Stinde         Austi			/	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Thomas, Patrick       Amount of Contribution (\$)         12/22/2023       Thomas, Patrick       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         12/08/2023       Thompson, Garner       Amount of Contribution (\$) Thompson, Garner         Contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12,00,2022			· ····
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Thomas, Patrick       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Thompson, Garner         12/08/2023       Thompson, Garner       Amount of Contribution (\$) Thompson, Garner         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/2023       Thomas, Patrick       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Thompson, Garner         12/08/2023       Thompson, Garner       Amount of Contribution (\$) Thompson, Garner         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Thomas, Patrick       \$2.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$2.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Thompson, Garner       Amount of Contribution (\$)         12/08/2023       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/22/2023       Thomas, Patrick       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Thompson, Garner       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Quartin, TX 78721       Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
12/22/2023       Thomas, Patrick       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         12/08/2023       Thompson, Garner       Amount of Contribution (\$)         12/08/2023       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         12/08/2023         Thompson, Garner         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         12/08/2023       Thompson, Garner         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/22/2023			\$2.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Thompson, Garner         Contributor address; City; State; Zip Code       \$1.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				1
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Thompson, Garner         Contributor address; City; State; Zip Code       \$1.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Thompson, Garner         Contributor address; City; State; Zip Code       \$1.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Thompson, Garner       \$1.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       \$1.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)	Dringing Loopu			<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/08/2023       Thompson, Garner       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	-	pation / Job title (See instructions)		3)
12/08/2023       Thompson, Garner       \$1.00         Contributor address; City; State; Zip Code       \$1.00         Austin, TX 78721       Employer (See Instructions)				<u> </u>
Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)			)	.,
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/08/2023	·····		\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin. TX 78721		
	Principal occu		Employer (See Instructions	<u> </u>
		Panon,		<i>,</i>

г	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 118/132 Rpt: 121/137	
<b>2</b> F	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
		ustin Travis County Emergency Medical Services Employee PAC		00053202
<b>4</b> C	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
1	L2/22/2023	Thompson, Garner		\$1.00
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78721		
<b>8</b> F	rincipal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Ν	Vedic		City of Austin	
	Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)
1	L2/08/2023	Thornton, Sarah		\$2.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721	-	
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
IN.	Medic		City of Austin	
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
1	L2/22/2023	Thornton, Sarah		\$2.00
	Contributor address; City; State; Zip Code			
		Austin, TX 78721		
F P	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Medic		City of Austin	
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
1	L2/08/2023	Todd, Joshua		\$10.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
N	Vedic		City of Austin	
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/22/2023 Todd, Joshua		Todd, Joshua		\$10.00
		Contributor address; City; State; Zip Code		
Ļ		Austin, TX 78721		
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
N N	Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 119/132 Rpt: 122/137	
2 FILER NAME	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Toole, Garrett		\$3.0
	6 Contributor address; City; State; Zip Code		
2 Dringing ago	Austin, TX 78721		<u>`</u>
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	i)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023			\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	7
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/08/2023	Full name of contributor out-of-state PAC (ID#: Toole, Kaytlyn	)	Amount of Contribution (\$) \$3.0
12/00/2020			+0.0
	Continuation address, City, State, Zip Could		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Toole, Kaytlyn		\$3.0
	Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721		
·	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Torres, Gil		\$5.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	7

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 120/132 Rpt: 123/137
2 FILER NAME	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) 7	7 Amount of Contribution (\$)
12/22/2023	Torres, Gil		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	
Date	_	)	Amount of Contribution (\$)
12/08/2023			\$1.00
	Contributor address; City; State; Zip Code		
	Austin TV 70791		
Dringing ogg	Austin, TX 78721	Employer (Coo Instructions)	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Torrez, Ernest		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (¢)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Tran, Si	)	Amount of Contribution (\$) \$3.00
12/00/2020			ψ5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)	
		City of Austin	
Medic		l	
	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Medic Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ Tran, Si	)	Amount of Contribution (\$) \$3.00
Date	Tran, Si	)	
Date		)	
Date	Tran, Si	)	
Date	Tran, Si	)	
Date 12/22/2023	Tran, Si Contributor address; City; State; Zip Code	)	\$3.00
Date	Tran, Si	)	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 121/132 Rpt: 124/137
2 FILER NAME	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Trivedi, Hersh		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Trivedi, Hersh		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing ago	Austin, TX 78721		<u> </u>
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Van Treese, Taylor	)	Amount of Contribution (\$) \$3.00
12/00/2020			φυ.υυ
	CUITINULUI duuless, City, State, Zip Coue		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date		)	Amount of Contribution (\$)
12/22/2023	Van Treese, Taylor		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ξ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	VanZandt, Donovan		\$5.00
	Contributor address; City; State; Zip Code		1
	Auctio TV 70701		
	Austin, TX 78721	Employer (See Instructions	~\
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 122/132 Rpt: 125/137
2 FILER NAME	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	VanZandt, Donovan		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u> </u>	
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Vargas, Eric		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Vargas, Eric		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Veasna, Renayuddh		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/22/2023	Veasna, Renayuddh		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
		1	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 123/132 Rpt: 126/137	
2 FILER NAME	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Villalobos, Ana		\$3.0
	6 Contributor address; City; State; Zip Code		
2 Duin singly again	Austin, TX 78721		、 、
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	.)
		-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023			\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ()
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
12/08/2023	Voelker, Jaime	/	\$3.0
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Voelker, Jaime		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Wadham, Gary	)	Amount of Contribution (\$) \$5.0
12/00/2020	Contributor address; City; State; Zip Code		ψυ
	Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	) )
Medic		City of Austin	
		1	

Th	ne Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 124/132 Rpt: 127/137
2 FIL	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	Austin Travis County Emergency Medical Services Employee PAC		00053202	
4 Dat	ıte	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12	2/22/2023	Wadham, Gary		\$5.00
		6 Contributor address; City; State; Zip Code		
• Driv		Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	
	edic		City of Austin	<i>b</i> )
Dat	ite	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	2/08/2023	Ward, Christopher	,	\$2.00
		Austin, TX 78721		
		pation / Job title (See Instructions)	Employer (See Instructions	
Me	edic		City of Austin	
Dat			)	Amount of Contribution (\$)
12/	2/22/2023	Ward, Christopher		\$2.00
	Contributor address; City; State; Zip Code			
		Austin, TX 78721		
Prii	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
	edic		City of Austin	, ,
Dat	te	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	2/08/2023	Watanabe-O'Toole, Nicholas		\$3.00
		Austin, TX 78721		
		pation / Job title (See Instructions)	Employer (See Instructions	3)
Me	edic		City of Austin	
Dat		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/	2/22/2023	Watanabe-O'Toole, Nicholas		\$3.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
Prii	incinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	edic		City of Austin	<i></i>
-				

The Instruction Guide explains how to complete this form.	
	1 Total pages Schedule A1: Sch: 125/132 Rpt: 128/137
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
12/08/2023 Weber, Wyatt	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ructions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/22/2023 Weber, Wyatt	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/08/2023 Weil, Skyler	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Medic City of Austin	
Date         Full name of contributor         out-of-state PAC (ID#:)	) Amount of Contribution (\$)
12/22/2023 Weil, Skyler	\$3.00
Contributor address; City; State; Zip Code	
Austin TV 70701	
Austin, TX 78721	
	ructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:	) Amount of Contribution (\$)
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:	) Amount of Contribution (\$) \$2.50
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:	\$2.50
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	\$2.50
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:	\$2.50

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 126/132 Rpt: 129/137
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
12/22/2023 Weldon, Tyler	\$2.50
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8         Principal occupation / Job title (See Instructions)         9         Employer (See Instructions)	
Medic City of Austi	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/08/2023 Welkley, Justin	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Medic City of Austi	ee Instructions) in
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)
Medic City of Aust	in
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/08/2023 Wesen, Hunter	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See	ee Instructions)
Medic City of Aust	in
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/22/2023 Wesen, Hunter	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	ee Instructions)
Medic City of Aust	in

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 127/132 Rpt: 130/137
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
12/08/2023 Westby, Andrew	\$2.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (See In	I istructions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/22/2023 Westby, Andrew	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See In	istructions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/08/2023 Wetzel, Samuel	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See In	I Istructions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/22/2023 Wetzel, Samuel	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See In	istructions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/08/2023 White, Anna	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See In	structions)
Medic City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 128/132 Rpt: 131/137
2 FILER NAME	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/22/2023	White, Anna		\$3.00
	6 Contributor address; City; State; Zip Code		1
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	
Medic		City of Austin	>)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ŝ)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
12/22/2023	White, Stephen		\$1.00
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Wiggin, Stuart		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	»)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Dale 12/22/2023	Full name of contributor out-of-state PAC (ID#: Wiggin, Stuart	)	Amount of Contribution (\$) \$1.00
12/22/2020			
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۶)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 129/132 Rpt: 132/137	
2 FILER NAME	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Wijayang, Cecilia		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Wijayang, Cecilia		\$3.00
	Contributor address; City; State; Zip Code		
<b>-</b> 1 - 1 - 1	Austin, TX 78721	1 _ (2  u_t)	
	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Williams, Dennis		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Dringing occu		Employer (See Instructions)	N
Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/22/2023	Williams, Dennis		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/08/2023	Winters, John	/	\$3.00
	Contributor address; City; State; Zip Code		· · · · · · · · ·
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 130/132 Rpt: 133/137		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
	s County Emergency Medical Services Employee P	AC	00053202		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)			
12/22/2023			\$3.0		
	6 Contributor address; City; State; Zip Code		1		
<ol> <li>D instructions</li> </ol>	Austin, TX 78721		Į		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)		
			T		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
12/08/2023			\$5.0		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Medic		City of Austin	<i>'</i> /		
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)		
Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: Wittstadt, Erik	)	Amount of Contribution (\$) \$5.0		
ILILLILULU					
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
12/08/2023	Wright, Courtney		\$3.0		
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78721		<u> </u>		
	upation / Job title (See Instructions)	Employer (See Instructions	;)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
12/22/2023	Wright, Courtney		\$3.0		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
Medic		City of Austin	<i>`</i> )		
Wicaic					

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 131/132 Rpt: 134/137		
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee Pa		00053202	
Date     5     Full name of contributor     out-of-state PAC (ID#:)			7 Amount of Contribution (\$)	
12/08/2023	Wyche, Tyson			\$3.00
	6 Contributor address; City; State; Zip Code			
- · · ·	Austin, TX 78721			
8 Principal occu Medic	pation / Job title (See Instructions)	<ul> <li>9 Employer (See Instructions)</li> <li>City of Austin</li> </ul>	)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/22/2023	Wyche, Tyson			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/08/2023	Xie, Selena			\$3.00
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code	Employer (See Instructions)	)	
Principal occu Medic	Contributor address; City; State; Zip Code Austin, TX 78721		)	
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributorout-of-state PAC (ID#: Xie, Selena	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Xie, Selena	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Xie, Selena	Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023 Principal occu	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Xie, Selena Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023 Principal occu Medic	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor	Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023 Principal occu Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Xie, Selena       contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Full name of contributor       out-of-state PAC (ID#:_         Pation / Job title (See Instructions)       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Medic Date 12/22/2023 Principal occu Medic	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Xie, Selena       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Yankiver, Lizabeth       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$3.00
Medic Date 12/22/2023 Principal occu Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Xie, Selena       contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Full name of contributor       out-of-state PAC (ID#:_         Pation / Job title (See Instructions)       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Medic Date 12/22/2023 Principal occu Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Xie, Selena       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Yankiver, Lizabeth       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Medic Date 12/22/2023 Principal occu Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Xie, Selena       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Yankiver, Lizabeth       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Medic Date 12/22/2023 Principal occu Medic Date 12/08/2023	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Xie, Selena         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Yankiver, Lizabeth         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 132/132 Rpt: 135/137		
2 FILER NAME			B Filer ID (Ethics Commission Filer	rs)	
	County Emergency Medical Services Employee PA		00053202	,	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	) 7	7 Amount of Contribution (\$)		
12/22/2023			4	\$5.00	
ľ					
	Austin, TX 78721				
	pation / Job title (See Instructions)	9 Employer (See Instructions)			
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
12/08/2023	Yarbrough, James		9	\$4.00	
ľ	Contributor address; City; State; Zip Code				
	-				
	Austin, TX 78721				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)			
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
12/22/2023	Yarbrough, James	9	\$4.00		
ľ	Contributor address; City; State; Zip Code				
1	Austin TV 79721				
	Austin, TX 78721	I			
	Dation / Job title (See Instructions)	Employer (See Instructions)			
Principal occup Medic		Employer (See Instructions) City of Austin			
		City of Austin	Amount of Contribution (\$)		
Medic	Full name of contributor out-of-state PAC (ID#:_ Yasui, Benjamin	City of Austin)		\$1.00	
Medic Date	Full name of contributor out-of-state PAC (ID#:_	City of Austin)		\$1.00	
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Yasui, Benjamin	City of Austin)		\$1.00	
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Yasui, Benjamin Contributor address; City; State; Zip Code	City of Austin)		\$1.00	
Medic Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ Yasui, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)		\$1.00	
Medic Date 12/08/2023 Principal occup	Full name of contributor out-of-state PAC (ID#:_ Yasui, Benjamin Contributor address; City; State; Zip Code	City of Austin		\$1.00	
Medic Date 12/08/2023	Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)	City of Austin)	\$	\$1.00	
Medic Date 12/08/2023 Principal occup Medic Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Yasui, Benjamin         Contributor address;       City; State; Zip Code         Austin, TX 78721       oation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_	City of Austin	\$ Amount of Contribution (\$)		
Medic Date 12/08/2023 Principal occup Medic	Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)	City of Austin	\$ Amount of Contribution (\$)	\$1.00	
Medic Date 12/08/2023 Principal occup Medic Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Yasui, Benjamin         Contributor address;       City; State; Zip Code         Austin, TX 78721       oation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_	City of Austin	\$ Amount of Contribution (\$)		
Medic Date 12/08/2023 Principal occup Medic Date	Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Out-of-state PAC (ID#:_         Yasui, Benjamin       Out-of-state PAC (ID#:_	City of Austin	\$ Amount of Contribution (\$)		
Medic Date 12/08/2023 Principal occup Medic Date	Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Contributor address;       City; State; Zip Code	City of Austin	\$ Amount of Contribution (\$)		
Medic Date 12/08/2023 Principal occup Medic Date 12/22/2023	Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Austin, TX 78721       Austin, TX 78721	City of Austin	\$ Amount of Contribution (\$)		
Medic Date 12/08/2023 Principal occup Medic Date 12/22/2023	Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Yasui, Benjamin       Contributor address; City; State; Zip Code         Contributor address;       City; State; Zip Code	City of Austin	\$ Amount of Contribution (\$)		

LOANS						SCHEDU	JLE E
The Instructio	on Guide explains h	ow to complete	this f	orm.	-	ges Schedule E: 1 Rpt: 136/137	
2       FILER NAME       3         Austin Travis County Emergency Medical Services Employee PAC       3				<b>3</b> Filer ID (Ethics Commission Filers) 00053202		n Filers)	
<sup>4</sup> TOTAL OF UN	IITEMIZED LOANS					\$	0.00
5 Date of loan	7 Name of lender	out-of-	state PA	C (ID#:	)	9 Loan Amount (\$	)
6 Is lender a financial institution?	8 Lender address;	City; S	State;	Zip Code		<ul><li><b>10</b> Interest Rate</li><li><b>11</b> Maturity Date</li></ul>	
						11 Maturity Date	
12 Principal occupation	on / Job title (See Instructi	ons)		13 Employer (See Instructions	;)		
14 Description of Coll	ateral			15 Check if personal funds we	ere deposited	into political accoun (See Instruction:	
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor					19 Amount Guaran	teed (\$)
not applicable	<b>18</b> Guarantor address;	City; S	State;	Zip Code			
20 Principal occupatio	DN			21 Employer (See Instructions	;)	I	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		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)				
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 137/137							
4 Date	Payee name						
12/08/2023	City of Austin						
6 Amount (\$)	7 Payee address; City; State	; Zip Code					
\$33.10	15 Waller Ave						
Expenditure from corporate funds	Austin, TX 78702						
8 PURPOSE	(a) Category (See Categories listed at the top of this sch						
OF EXPENDITURE	Fees		utside of Texas. Complete Schedule T.				
		Payroll deduct	TX, officeholder living expense				
		Fayron deduct					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Dffice sought	Office held				
Date	Payee name						
12/22/2023	City of Austin						
Amount (\$)	Payee address; City; State	; Zip Code					
\$32.90	15 Waller Ave	, I <u>-</u>					
Expenditure from corporate funds	Austin, TX 78702						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Fees	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense tion fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held				