

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

<b>The MPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00053202	<b>2</b> Total pages filed: 138
<b>3</b> COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 01/23/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 5817 Wilcab Road Ste 3  Austin, TX 78721	Date Hand-delivered or Date Postmarked	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Selena	Receipt #	Amount
	NICKNAME LAST SUFFIX Xie	Date Processed	
		Date Imaged	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4710 Heflin Ln.  Austin, TX 78721		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4710 Heflin Ln.  Austin, TX 78721		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(214)	228-9321	
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
<b>10</b> MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input checked="" type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
<b>11</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	12/26/2023		01/25/2024

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Austin Travis County Emergency Medical Services Employee PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00053202
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,948.08
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 66.10
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 81,991.19
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Selena Xie  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Austin Travis County Emergency Medical Services Employee PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00053202
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,948.08
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 66.10
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/133 Rpt: 4/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adcock, Brandon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adcock, Brandon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Ricardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/133 Rpt: 5/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Ricardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albear, Oscar <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albear, Oscar <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Janel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Janel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/133 Rpt: 6/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almaguer, Luis	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almaguer, Luis	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almodovar, Alejandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almodovar, Alejandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Scott	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/133 Rpt: 7/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Scott	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anthon, McKenna	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anthon, McKenna	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armas, David	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armas, David	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/133 Rpt: 8/138
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armstrong, Charles	7 Amount of Contribution (\$) \$1.00
	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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armstrong, Charles	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arocha-Guerra, Val	Amount of Contribution (\$) \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arocha-Guerra, Val	Amount of Contribution (\$) \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aubin, Scott	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/133 Rpt: 9/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aubin, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aune, Joseph <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aune, Joseph <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avila, America <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avila, America <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/133 Rpt: 10/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azelton, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$2.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azelton, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$2.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azuara Mendez, Elvia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.27</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azuara Mendez, Elvia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.27</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Charles <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/133 Rpt: 11/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Charles	<b>7</b> Amount of Contribution (\$) \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, James	Amount of Contribution (\$) \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, James	Amount of Contribution (\$) \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Alexander	Amount of Contribution (\$) \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Alexander	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/133 Rpt: 12/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Amanda	<b>7</b> Amount of Contribution (\$)  \$2.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Amanda	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Coty	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Coty	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balboa, Adam	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/133 Rpt: 13/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balboa, Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barch-Chandler, Travis <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barch-Chandler, Travis <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnhart, Jennifer <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnhart, Jennifer <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/133 Rpt: 14/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barr, Jaelithe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barr, Jaelithe <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bean, Rose <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bean, Rose <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaver, Camille <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/133 Rpt: 15/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaver, Camille <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Jory <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Jory <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernal, Erica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernal, Erica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/133 Rpt: 16/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bess, Luke <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bess, Luke <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Jessica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Jessica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blais, Braden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/133 Rpt: 17/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blais, Braden <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blume, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blume, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bockewitz, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bockewitz, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/133 Rpt: 18/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazelton, Reese <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazelton, Reese <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brunson, Savannah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/133 Rpt: 19/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brunson, Savannah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bumpus, Ross <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bumpus, Ross <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgoyne, James <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgoyne, James <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/133 Rpt: 20/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cabrera, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cabrera, Ryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Emma <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/133 Rpt: 21/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Emma <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cartmill, Andres <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cartmill, Andres <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavarretta, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavarretta, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/133 Rpt: 22/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cendejas, Jacqueline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cendejas, Jacqueline <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Erin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Erin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheeks, Shedrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/133 Rpt: 23/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheeks, Shedrick	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chester, Hannah	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chester, Hannah	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chhabra, Ranjit	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chhabra, Ranjit	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/133 Rpt: 24/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciampaglio, Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciampaglio, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciminera, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciminera, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Rajiv <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/133 Rpt: 25/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Rajiv <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/133 Rpt: 26/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Jason ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Jason ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, James ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, James ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Matthew ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/133 Rpt: 27/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortez Argo, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortez Argo, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/133 Rpt: 28/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costantino, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costantino, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crock, Clairissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crock, Clairissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/133 Rpt: 29/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, Jordan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz Zarate, Hector <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz Zarate, Hector <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/133 Rpt: 30/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cummings, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cummings, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Damron, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Damron, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/133 Rpt: 31/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLong, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLong, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/133 Rpt: 32/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dean-Masse, Dustin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dean-Masse, Dustin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derion, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derion, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dionizio, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/133 Rpt: 33/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dionizio, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dockery, Victoria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.70</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dockery, Victoria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.70</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donohoe, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$2.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donohoe, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$2.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/133 Rpt: 34/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draper, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draper, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Durham, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/133 Rpt: 35/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Durham, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eeten, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eeten, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/133 Rpt: 36/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguia, Eduardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elbel, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elbel, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizardo, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/133 Rpt: 37/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizardo, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ender, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ender, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/133 Rpt: 38/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/133 Rpt: 39/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Figueroa, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Figueroa, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finch, Walter <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finch, Walter <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/133 Rpt: 40/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fitzpatrick, Bryan	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fitzpatrick, Bryan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Rilie	Amount of Contribution (\$) \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Rilie	Amount of Contribution (\$) \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Raul	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/133 Rpt: 41/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Raul	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Robert	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Robert	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Tiana	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Tiana	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/133 Rpt: 42/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallio, Riane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallio, Riane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/133 Rpt: 43/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Bianca <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Dale <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Dale <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garrett, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garrett, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/133 Rpt: 44/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza Saldivar, Daryana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza Saldivar, Daryana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gastelum, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gastelum, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Godinez, Sarai <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/133 Rpt: 45/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Godinez, Sarai <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gold, Mora <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gold, Mora <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez-Rivera, Alexander Brooks <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez-Rivera, Alexander Brooks <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/133 Rpt: 46/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Jennifer	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Jennifer	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gowe, Kathleen	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gowe, Kathleen	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregson, Jordan	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/133 Rpt: 47/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregson, Jordan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, Bradley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, Bradley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/133 Rpt: 48/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grijalva, Corey	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grijalva, Corey	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadas, Brian	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadas, Brian	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadden, Justin	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/133 Rpt: 49/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadden, Justin	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haggarty, Timothy	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haggarty, Timothy	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Nathan	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Nathan	Amount of Contribution (\$)  \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/133 Rpt: 50/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hairston, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hairston, Christopher <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$1.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamilton, Aaron <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamilton, Aaron <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanes, Rodney <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$5.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/133 Rpt: 51/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanes, Rodney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/133 Rpt: 52/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harner, Kevin	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harner, Kevin	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawthorne, Cole	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawthorne, Cole	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hay, Keli	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/133 Rpt: 53/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hay, Keli <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helgren, Dallas <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helgren, Dallas <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hellein, Jacob <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hellein, Jacob <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/133 Rpt: 54/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Hugo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Hugo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Caroline <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/133 Rpt: 55/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Caroline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Randy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Randy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/133 Rpt: 56/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Travis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/133 Rpt: 57/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Travis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/133 Rpt: 58/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobsen, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$2.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobsen, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$2.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$2.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$2.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 56/133 Rpt: 59/138
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Jonathan	7 Amount of Contribution (\$) \$3.00
	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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jensen, David	Amount of Contribution (\$) \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jensen, David	Amount of Contribution (\$) \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez, Noah	Amount of Contribution (\$) \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez, Noah	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/133 Rpt: 60/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez Unzueta, Marco <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez Unzueta, Marco <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johns, Edward <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johns, Edward <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Andy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/133 Rpt: 61/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Andy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Junod, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Junod, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.40
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.40
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/133 Rpt: 62/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaminowitz, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaminowitz, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kane, Mikel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kane, Mikel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keef, Sean <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/133 Rpt: 63/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keef, Sean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kingsbury, Dillon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kingsbury, Dillon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/133 Rpt: 64/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knauer, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koller, Joel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/133 Rpt: 65/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koller, Joel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koller, Steven <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koller, Steven <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kownacki, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kownacki, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/133 Rpt: 66/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraemer, Ashley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krampitz, Casey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krampitz, Casey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraus, Stephen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/133 Rpt: 67/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraus, Stephen ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krycia, Noah ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krycia, Noah ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurtze, Benedict ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurtze, Benedict ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/133 Rpt: 68/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lancaster, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lancaster, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leibin, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/133 Rpt: 69/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leibin, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lesley, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lesley, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/133 Rpt: 70/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leyva, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leyva, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/133 Rpt: 71/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindsay, Ross <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lines, Bradley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lines, Bradley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cindy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cindy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/133 Rpt: 72/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Lindsay	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Lindsay	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Ramon	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Ramon	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano Avila, Victor	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/133 Rpt: 73/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano Avila, Victor	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lydon, Cassandra	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lydon, Cassandra	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lynch, Brian	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lynch, Brian	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/133 Rpt: 74/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lyon, Natalie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lyon, Natalie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mallon, Paul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/133 Rpt: 75/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mallon, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malone, Jordan <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malone, Jordan <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mancia Covarrubias, Adonay <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mancia Covarrubias, Adonay <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/133 Rpt: 76/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mancias, Vivian	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mancias, Vivian	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Denise	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Denise	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Noah	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/133 Rpt: 77/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Noah	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, William	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, William	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Henry	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Henry	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/133 Rpt: 78/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Bryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$4.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maxwell, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maxwell, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Alexandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/133 Rpt: 79/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Alexandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayian, Jimma <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayian, Jimma <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/133 Rpt: 80/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Michael	<b>7</b> Amount of Contribution (\$) \$9.50
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Michael	Amount of Contribution (\$) \$9.50
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGarry, Kenneth	Amount of Contribution (\$) \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGarry, Kenneth	Amount of Contribution (\$) \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntire, Morgan	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/133 Rpt: 81/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntire, Morgan	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin, Kathleen	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin, Kathleen	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNiff, Katie	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNiff, Katie	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/133 Rpt: 82/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Megally, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Megally, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Corey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/133 Rpt: 83/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Corey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/133 Rpt: 84/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mireles, Guadalupe	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mireles, Guadalupe	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molinelli, Nicholas	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molinelli, Nicholas	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monson, Nancy	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/133 Rpt: 85/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monson, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Garrett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Garrett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/133 Rpt: 86/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrison, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrison, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muniz, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/133 Rpt: 87/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muniz, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Michelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Michelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Negron, Luis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Negron, Luis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/133 Rpt: 88/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noak, Darren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/133 Rpt: 89/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noak, Darren <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Keith <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Keith <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/133 Rpt: 90/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nudelman, Lee	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nudelman, Lee	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivarez, Dominique	Amount of Contribution (\$) \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivarez, Dominique	Amount of Contribution (\$) \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivo, Nicholas	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/133 Rpt: 91/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivo, Nicholas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, John <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, John <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Valeria <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Valeria <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/133 Rpt: 92/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pailes, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pailes, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Roger <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/133 Rpt: 93/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Roger <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$4.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, Kayla <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, Kayla <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Sean <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Sean <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/133 Rpt: 94/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Heather <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Heather <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plewacki, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/133 Rpt: 95/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plewacki, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poss, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poss, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/133 Rpt: 96/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powers, Kristy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powers, Kristy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/133 Rpt: 97/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pruiett, Cayden <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puckett, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puckett, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/133 Rpt: 98/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quiroz Mendez, Jesus <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$13.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$13.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Duane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/133 Rpt: 99/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Duane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/133 Rpt: 100/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rattan, MaKena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rattan, MaKena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawn, Madison <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawn, Madison <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reader, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/133 Rpt: 101/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reader, Robert	<b>7</b> Amount of Contribution (\$)  \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redd, Kevin	Amount of Contribution (\$)  \$1.30
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redd, Kevin	Amount of Contribution (\$)  \$1.30
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reffell, Kelaiah	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reffell, Kelaiah	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/133 Rpt: 102/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Regier, Natalie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Regier, Natalie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/133 Rpt: 103/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rice, Larry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rice, Larry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richter, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richter, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/133 Rpt: 104/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Risinger, Russell <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Risinger, Russell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/133 Rpt: 105/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodgers, Jared <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Giovanni <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/133 Rpt: 106/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Giovanni <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Darren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Darren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/133 Rpt: 107/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romo, Jodeci <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romo, Jodeci <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Donald <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Donald <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutledge, Lindsey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/133 Rpt: 108/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutledge, Lindsey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmeron, Alejandro <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmeron, Alejandro <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval Ruano, Edward <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval Ruano, Edward <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/133 Rpt: 109/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santiago, Sabrina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santiago, Sabrina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scamman, Alexis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scamman, Alexis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schickel, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/133 Rpt: 110/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schickel, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Douglas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Douglas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schutt, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schutt, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/133 Rpt: 111/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Austin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelton-Collins, Marcus <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/133 Rpt: 112/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelton-Collins, Marcus <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/133 Rpt: 113/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slattery, Christian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slattery, Christian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/133 Rpt: 114/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Ashlyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soto, Darae <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soto, Darae <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/133 Rpt: 115/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stec, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stec, Ryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stedman, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stedman, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/133 Rpt: 116/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stowe, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stowe, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/133 Rpt: 117/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stubbs, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stubbs, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swanner, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swanner, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swem, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/133 Rpt: 118/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swem, Austin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tait, Grant <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tait, Grant <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/133 Rpt: 119/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarrillion, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarrillion, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/133 Rpt: 120/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Patrick <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$2.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Patrick <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$2.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Garner <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Garner <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/133 Rpt: 121/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton, Nichole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton, Nichole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/133 Rpt: 122/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd, Joshua <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Garrett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Garrett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/133 Rpt: 123/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Gil <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Gil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Si <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/133 Rpt: 124/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Si	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trivedi, Hersh	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721		
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trivedi, Hersh	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721		
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Treese, Taylor	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721		
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Treese, Taylor	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721		
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/133 Rpt: 125/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VanZandt, Donovan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VanZandt, Donovan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vargas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vargas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/133 Rpt: 126/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veasna, Renayuddh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villalobos, Ana <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villalobos, Ana <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voelker, Jaime <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voelker, Jaime <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/133 Rpt: 127/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadham, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadham, Gary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watanabe-O'Toole, Nicholas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/133 Rpt: 128/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watanabe-O'Toole, Nicholas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weil, Skyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weil, Skyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/133 Rpt: 129/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weldon, Tyler	<b>7</b> Amount of Contribution (\$)  \$2.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weldon, Tyler	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welkley, Justin	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welkley, Justin	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wesen, Hunter	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/133 Rpt: 130/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wesen, Hunter	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westby, Andrew	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westby, Andrew	Amount of Contribution (\$)  \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wetzel, Samuel	Amount of Contribution (\$)  \$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 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wetzel, Samuel	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/133 Rpt: 131/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Anna	<b>7</b> Amount of Contribution (\$) \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Anna	Amount of Contribution (\$) \$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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Stephen	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Stephen	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggin, Stuart	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/133 Rpt: 132/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggin, Stuart <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wijayang, Cecilia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wijayang, Cecilia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Dennis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Dennis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/133 Rpt: 133/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winters, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winters, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wittstadt, Erik <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wittstadt, Erik <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Courtney <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 131/133 Rpt: 134/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Courtney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xie, Selena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xie, Selena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 132/133 Rpt: 135/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yankiver, Lizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yankiver, Lizabeth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarbrough, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarbrough, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yasui, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 133/133 Rpt: 136/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yasui, Benjamin <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin



# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 137/138
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 138/138	<b>2</b> FILER NAME Austin Travis County Emergency Medical Services	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
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<b>4</b> Date 01/05/2024	<b>5</b> Payee name City of Austin - EMS
-----------------------------	---

<b>6</b> Amount (\$) \$33.10  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 15 Waller Street  Austin, TX 78702
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fees
---------------------------------	---	--

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

Date 01/19/2024	Payee name City of Austin - EMS
--------------------	------------------------------------

Amount (\$) \$33.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15 Waller Street  Austin, TX 78702
---	--

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fees
------------------------	---	--

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