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

**GO TO PAGE 2** 

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Austin Travis Count	y Emergency Medical Serv	vices Employee PAC		00053202	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magguros	A. Supported			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRI OR GUARANTEES O MADE ELECTRONICAL qualifies for the higher ite	LLY)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		S UARANTEES OF LOANS)	\$	1,948.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPEND	DITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	<u> </u>	\$	66.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN		INTAINED AS OF THE LAST	DAY \$	81,991.19
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OU' REPORTING PERIOD	TSTANDING LOANS AS OF	THE \$	0.00
.6 AFFIDAVIT	<u> </u>			<u> </u>	
		true and	, or affirm, under penalty of po d correct and includes all info itle 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
			Ms. Se	elena Xie	
			Signature of Ca		irer
AFFIX NOTA	ARY STAMP / SEAL ABOVE		v	, ,	
Sworn to and subscri	bed before me, by the said		.1	this the	day
	, 20, to certify				
Signature of office	r administering oath	Printed name of office	er administering oath	Title of office	cer administering oath

### **SUBTOTALS - MPAC**

### FORM MPAC **COVER SHEET PG 3**

					3 of 138
		EE NAME avis County Emergency Medical Services Employee PAC	<b>18</b> Filer ID 00053202	(Ethics (	Commission Filers)
		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,948.08
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.			\$		
8.		\$			
9.	X	SCHEDULE E: LOANS		\$	0.00
10	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	66.10
11		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				<u>.</u> I	
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 1/133 Rpt: 4/138	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Full name of contributor     Adams, William     Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721	,				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 01/19/2024	Full name of contributor Adams, William Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor Adcock, Brandon Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
Date 01/19/2024		Full name of contributor Adcock, Brandon Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Aguilar, Ricardo Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 2/133 Rpt: 5/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	·		City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PAC ( Albear, Oscar  Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 01/05/2024		Full name of contributor out-of-state PAC ( Allen, Janel Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>1</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state PAC ( Allen, Janel Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/133 Rpt: 6/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Almaguer, Luis</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		_) <b>7</b>	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instru City of Austin	ctions)		
	Date 01/19/2024	Full name of contributor Almaguer, Luis Contributor address; City; Si				Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)	Employer (See Instru	ctions)		
Medic				City of Austin			
	Date 01/05/2024	Full name of contributor Almodovar, Alejandra Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	(;)	Employer (See Instru City of Austin	ctions)		
						Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	s)	Employer (See Instru City of Austin	ctions)		
	Date 01/05/2024	Full name of contributor Anderson, Scott Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	(5)	Employer (See Instru City of Austin	ctions)		

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 4/133 Rpt: 7/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state  out-of-state</li></ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Anthon, McKenna  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state Anthon, McKenna Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 01/05/2024		Armas, David		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state Armas, David Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 5/133 Rpt: 8/138	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Full name of contributor     Armstrong, Charles     Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Armstrong, Charles Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor Arocha-Guerra, Val Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 01/19/2024		Full name of contributor Arocha-Guerra, Val Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Aubin, Scott Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 6/133 Rpt: 9/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PAC Aubin, Scott</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PAG Aune, Joseph Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 01/05/2024		Full name of contributor out-of-state PAC Avila, America Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAG Avila, America Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/133 Rpt: 10/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Full name of contributor     Azelton, Andrew     Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Azelton, Andrew Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 01/05/2024	Full name of contributor Azuara Mendez, Elvia Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.27
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 01/19/2024		Full name of contributor Azuara Mendez, Elvia Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.27
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 01/05/2024	Full name of contributor Bailey, Charles Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 8/133 Rpt: 11/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>5 Full name of contributor  out-of-state PA Bailey, Charles</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor  out-of-state PA Bailey, James  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Medic	pation 7 oob tale (occ mondenous)		City of Austin	٠,		
	Date 01/19/2024	Full name of contributor	C (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 01/05/2024		Full name of contributor out-of-state PA Baker, Alexander  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state PA Baker, Alexander  Contributor address; City; State; Zip Code  Austin, TX 78721	C (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 9/133 Rpt: 12/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor out-of-state PAC (ID Baker, Amanda  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	$\top$	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor	)#:	)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (IDBaker, Coty  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (IDBalboa, Adam  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 10/133 Rpt: 13/138	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Balboa, Adam	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Barch-Chandler, Travis  Contributor address; City; State; 2	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 01/05/2024		Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/19/2024	Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	۸C	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 11/133 Rpt: 14/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Barr, Jaelithe</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Barr, Jaelithe  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin	,		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#: Bean, Rose Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Bean, Rose Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#: Beaver, Camille Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 12/133 Rpt: 15/138	
2	FILER NAME Austin Travis	County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Beaver, Camille</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor Bell, Jory  Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	(;)		
	Medic	pation / Job title (See Instituctions)		City of Austin	"		
	Date 01/19/2024	Full name of contributor Bell, Jory Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Bernal, Erica Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Bernal, Erica Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<b>.</b> (5)		
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	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 13/133 Rpt: 16/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state Bess, Luke</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Bess, Luke		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin	,		
	Date 01/05/2024	Full name of contributor out-of-state Black, Jessica Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Black, Jessica		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 01/05/2024	Full name of contributor out-of-state Blais, Braden Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 14/133 Rpt: 17/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_	Daine in a language	Austin, TX 78721	<u> </u>	Farada and (October Association			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Blume, Michael				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Medic	pation 7 oob tale (occ mondellons)		City of Austin	٠,		
	Date 01/19/2024	Full name of contributor out-of-state Blume, Michael Contributor address; City; State; Zip Code	e PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Bockewitz, William			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state Bockewitz, William Contributor address; City; State; Zip Code	e PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 15/133 Rpt: 18/138	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor Brazelton, Reese 6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Brazelton, Reese Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin	,		
	Date 01/05/2024	Full name of contributor Brindley, Jordan Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 01/19/2024	Full name of contributor Brindley, Jordan Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 01/05/2024	Full name of contributor Brunson, Savannah Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 16/133 Rpt: 19/138	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Brunson, Savannah</li><li>6 Contributor address; City; State;</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor  Bumpus, Ross  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin	,		
	Date 01/19/2024	Full name of contributor Bumpus, Ross Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 01/05/2024	Full name of contributor  Burgoyne, James  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Burgoyne, James  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 17/133 Rpt: 20/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Full name of contributor     Cabrera, Ryan     Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Cabrera, Ryan Contributor address; City; Sta		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	رد ا		
	Medic			City of Austin	,,		
	Date 01/05/2024	Full name of contributor Cain, Christopher Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Cain, Christopher  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 01/05/2024	Full name of contributor Carter, Emma Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 18/133 Rpt: 21/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Full name of contributor     Carter, Emma     Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor  Cartmill, Andres  Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin	,		
	Date 01/19/2024	Full name of contributor Cartmill, Andres Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor  Cavarretta, James  Contributor address; City; Stat  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/19/2024	Full name of contributor  Cavarretta, James  Contributor address; City; Stat  Austin, TX 78721	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 19/133 Rpt: 22/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state PAC (I Cendejas, Jacqueline</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
_	Dringing Loon	Austin, TX 78721	10	Employer (See Instruction	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (I Cendejas, Jacqueline Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	s)		
	Medic			City of Austin	-,		
	Date 01/05/2024	Full name of contributor  out-of-state PAC (I Chavez, Erin Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (I Chavez, Erin Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (I Cheeks, Shedrick Contributor address; City; State; Zip Code Austin, TX 78721	D#:		•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 20/133 Rpt: 23/138	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024		out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	panelly cost and (cost menucione)		City of Austin	,		
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/19/2024	Full name of contributor Chhabra, Ranjit  Contributor address; City; State; 2  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL (	CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 21/133 Rpt: 24/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Ciampaglio, Anthony</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Ciampaglio, Anthony Contributor address; City; Si	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$3.00
	Dringing occur	Austin, TX 78721			Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	»)		
	Date 01/05/2024	Full name of contributor Ciminera, Joseph Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Ciminera, Joseph Contributor address; City; St	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor Clark, Rajiv Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 22/133 Rpt: 25/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Clark, William		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Medic			City of Austin	,		
	Date 01/19/2024	Clark, William		)	•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Cluskey, Francis		)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state Cluskey, Francis Contributor address; City; State; Zip Code Austin, TX 78721	e PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 23/133 Rpt: 26/138	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor</li><li>Cole, Jason</li><li>6 Contributor address; City; State</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 01/19/2024	Full name of contributor  Cole, Jason  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor  Coleman, James  Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Coleman, James  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 01/05/2024	Full name of contributor  Cooper, Matthew  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 24/133 Rpt: 27/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024		te PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Cornwall, Angela				Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	pandin das and (das mendene)		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-state Cornwall, Angela Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Cortez Argo, Austin		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/19/2024	Full name of contributor out-of-stat Cortez Argo, Austin Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			'				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 25/133 Rpt: 28/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Full name of contributor     Costantino, John     Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Costantino, John  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor  Crock, Clairissa  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Crock, Clairissa Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor  Crouch, Jordan  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 26/133 Rpt: 29/138	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor of couch, William  Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor of couch, William  Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 01/05/2024	Full name of contributor of cruz Zarate, Hector Contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor of cruz Zarate, Hector Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 27/133 Rpt: 30/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-s</li> <li>Cummings, Daniel</li> <li>Contributor address; City; State; Zip Co</li> </ul>		)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor out-of-s Cummings, Daniel Contributor address; City; State; Zip Co		)	•	Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	Medic	panelly cost and (cost mendelle)		City of Austin	-,		
	Date 01/05/2024	Full name of contributor out-of-s  Damron, William  Contributor address; City; State; Zip Co	tate PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.27
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Damron, William		)		Amount of Contribution (\$)	\$3.27
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 01/05/2024	Davis, Kenneth	tate PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 28/133 Rpt: 31/138	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Davis, Richard  Contributor address; City; State; 2	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 29/133 Rpt: 32/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor out-of-state PAC (I Dean-Masse, Dustin  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor  out-of-state PAC (I Dean-Masse, Dustin Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	panon, 002 and (000 mondono),		City of Austin	-,		
	Date 01/05/2024	Full name of contributor	ID#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (In Derion, Sarah)  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (I Dionizio, James  Contributor address; City; State; Zip Code  Austin, TX 78721	ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	nplete this forr	m.	1	Total pages Schedule A1: Sch: 30/133 Rpt: 33/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of Dionizio, James</li> <li>Contributor address; City; State; Zip C</li> </ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of Dockery, Victoria  Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$3.70
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of Dockery, Victoria  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.70
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Donohoe, John	-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/19/2024	Donohoe, John	-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 31/133 Rpt: 34/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor out-of-state PAC ( Draper, Joseph  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Medic	pation / dob title (doe instructions)		City of Austin	٠,		
	Date 01/05/2024	Full name of contributor out-of-state PAC ( Duran, Bryan Contributor address; City; State; Zip Code	(ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC ( Duran, Bryan  Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 01/05/2024	Full name of contributor out-of-state PAC ( Durham, David  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 32/133 Rpt: 35/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PAC Durham, David</li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#:)	7	Amount of Contribution (\$)	\$1.00
_	Daine in all a con-	Austin, TX 78721	le Fundame (Contrata di Santa			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor	· (ID#:)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Medic	pation 7 oob title (occ mondono)	City of Austin	J)		
	Date 01/19/2024	Full name of contributor out-of-state PAC Echevarria, Edgardo Contributor address; City; State; Zip Code	· (ID#:)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor out-of-state PAC Eeten, John Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 01/19/2024	Full name of contributor out-of-state PAC Eeten, John Contributor address; City; State; Zip Code Austin, TX 78721	; (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 33/133 Rpt: 36/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee I	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor out-of-state PAC (ID# Eguia, Eduardo  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  out-of-state PAC (ID# Eguia, Eduardo Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor  out-of-state PAC (ID# Elbel, Amber Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID# Elbel, Amber Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID# Elizardo, Daniel Contributor address; City; State; Zip Code  Austin, TX 78721	<u>+:</u>			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 34/133 Rpt: 37/138	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Elizardo, Daniel	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor		)		Amount of Contribution (\$)	\$4.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$4.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 01/05/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Contributor Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 35/133 Rpt: 38/138	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Ferguson, John	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Ferguson, John Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor Ferguson, Thomas  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Ferguson, Thomas Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Fernandez, Eric Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 36/133 Rpt: 39/138	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Fernandez, Eric	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	(s)		
	Medic	patient / cob title (ecc metactions)		City of Austin	,,		
	Date 01/19/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Finch, Walter	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/19/2024	Finch, Walter	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 37/133 Rpt: 40/138	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>5 Full name of contributor  o Fitzpatrick, Bryan</li> <li>6 Contributor address; City; State; Z</li> </ul>			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor of contributor contributor address; City; State; Z				Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Medic	pation / 300 title (See instructions)		City of Austin	·)		
	Date 01/05/2024	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor of contributor of contributor address; City; State; Z  Austin, TX 78721	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/05/2024	Full name of contributor of Flores, Raul Contributor address; City; State; Z	ut-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 38/133 Rpt: 41/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor out-of-state Pa Flores, Robert  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.00
	Dringinal accu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Medic Medic	pation / Job title (See Instructions)		City of Austin	>)		
	Date 01/19/2024	Full name of contributor	AC (ID#:	)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state P. Flores, Tiana Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state P. Flores, Tiana Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			·				

	MONET	ARY POLITICAL (	CONTRIBUTION	V	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 39/133 Rpt: 42/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Fuentes, Timothy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Fuentes, Timothy  Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$2.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/		
	Medic	pation / 300 title (3ee instructions	5)		City of Austin	·)		
	Date 01/05/2024	Full name of contributor Gallio, Riane Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Gallio, Riane Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	6)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Garcia, Bianca Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBU	ITIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 40/133 Rpt: 43/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>5 Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	ıs)		
	Date 01/05/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Medic		City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PAC Gardner, Dale Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ıs)		
	Date 01/05/2024	Full name of contributor out-of-state PAC Garrett, Christina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ıs)		
	Date 01/19/2024	Full name of contributor out-of-state PAC Garrett, Christina Contributor address; City; State; Zip Code  Austin, TX 78721	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ls)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 41/133 Rpt: 44/138	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024		out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_	Deinsinal assu	Austin, TX 78721	la-	Faralous (Coo Instructions	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Garza Saldivar, Daryana Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>)                                    </u>		
	Medic	patient, con the (coo mendenone)		City of Austin	',		
	Date 01/05/2024	Full name of contributor  Gastelum, Aaron  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Gastelum, Aaron  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor Godinez, Sarai Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 42/133 Rpt: 45/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Godinez, Sarai</li><li>6 Contributor address; City; Stat</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Gold, Mora Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	pation / oob title (oce mondetions)		City of Austin	',		
	Date 01/19/2024	Full name of contributor Gold, Mora Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor  Gomez-Rivera, Alexander E  Contributor address; City; Stat  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Gomez-Rivera, Alexander E  Contributor address; City; Stat  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 43/133 Rpt: 46/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state  out-o</li></ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Gordon, Jennifer		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	paner, cos uno (cos monaciono)		City of Austin	-,		
	Date 01/05/2024	Full name of contributor out-of-state Gowe, Kathleen Contributor address; City; State; Zip Code	te PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Gowe, Kathleen		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/05/2024	Gregson, Jordan	te PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 44/133 Rpt: 47/138	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Gregson, Jordan	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>)                                    </u>		
	Medic	patient / cob title (See Institutions)		City of Austin	')		
	Date 01/19/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Griffith, Kimberly	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>   (i)		
	Date 01/19/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 45/133 Rpt: 48/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor out-of-state PAC ( Grijalva, Corey  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic	,		City of Austin	-,		
	Date 01/05/2024	Full name of contributor  out-of-state PAC ( Hadas, Brian  Contributor address; City; State; Zip Code	(ID#:	)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC ( Hadas, Brian  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 01/05/2024	Full name of contributor out-of-state PAC (Hadden, Justin Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 46/133 Rpt: 49/138	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Hadden, Justin	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-Haggarty, Timothy Contributor address; City; State; Zip		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin			
	Date 01/19/2024	Full name of contributor	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Hair, Nathan	of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/19/2024	Hair, Nathan	of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 47/133 Rpt: 50/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Hairston, Christopher	state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of- Hairston, Christopher  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor out-of- Hamilton, Aaron  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Hamilton, Aaron	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor out-of- Hanes, Rodney  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 48/133 Rpt: 51/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>	-		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state P. Hanks, Kaden  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state P. Hargrave, Jeffrey  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 01/19/2024	Full name of contributor out-of-state P Hargrave, Jeffrey  Contributor address; City; State; Zip Code  Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this for	rm		1	Total pages Schedule A1: Sch: 49/133 Rpt: 52/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Harner, Kevin</li><li>6 Contributor address; City; S</li></ul>			)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	i)		
	Date 01/19/2024	Full name of contributor Harner, Kevin Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions		F	Employer (See Instructions	) 		
	Medic	panon / 300 the (300 mandenon)	"		City of Austin	')		
	Date 01/05/2024	Full name of contributor Hawthorne, Cole Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	)		
	Date 01/19/2024	Full name of contributor Hawthorne, Cole Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	<u> </u>		
	Date 01/05/2024	Full name of contributor Hay, Keli Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	()		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this forr	m.	1	Total pages Schedule A1: Sch: 50/133 Rpt: 53/138	
2	FILER NAME Austin Travis	County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-si Hay, Keli</li> <li>Contributor address; City; State; Zip Contributor address; City; State; City; City; State; City; City; State; City; City; State; City; City;</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Helgren, Dallas  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-si Helgren, Dallas Contributor address; City; State; Zip Co	tate PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Hellein, Jacob	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 01/19/2024	Full name of contributor out-of-si Hellein, Jacob  Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 51/133 Rpt: 54/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Hernandez, Hugo</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Hernandez, Hugo Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions		Employer (See Instructions	=)		
	Medic	pation / 300 title (See instructions		City of Austin	P)		
	Date 01/05/2024	Full name of contributor Hernandez Arias, Alejand Contributor address; City; St		)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Hernandez Arias, Alejand Contributor address; City; St Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Herrera, Caroline Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 52/133 Rpt: 55/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PAC Herrera, Caroline</li> <li>Contributor address; City; State; Zip Code</li> </ul>	•	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PAC Hicks, Matthew Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC Hicks, Randy Contributor address; City; State; Zip Code Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC Hicks, Randy Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			· ·				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 53/133 Rpt: 56/138	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor of contributor of contributor address; City; State; Z</li></ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor on the distributor of contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/19/2024	Full name of contributor on the contributor of contributor on the contributor address; City; State; Zie of Contributor address; City; Ci	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor on the distance of contributor of contributor of contributor address; City; State; Zon Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 54/133 Rpt: 57/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PA Holland, Travis</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:	)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor out-of-state PA Howell, Joseph Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-state PA Howell, Joseph Contributor address; City; State; Zip Code	AC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PA Huitt, Andrew  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAHuitt, Andrew  Contributor address; City; State; Zip Code  Austin, TX 78721	AC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 55/133 Rpt: 58/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor Jacobsen, Patrick	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721	<u> </u>				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Jacobsen, Patrick  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:, 		
	Medic	pation / Job title (See Instituctions)		City of Austin	)		
	Date 01/05/2024	Full name of contributor Jakubauskas, Eric Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Jakubauskas, Eric Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor James, Jonathan Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 56/133 Rpt: 59/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-signature o</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor out-of-si Jensen, David Contributor address; City; State; Zip Co	tate PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-si Jensen, David Contributor address; City; State; Zip Co	tate PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
	Date 01/05/2024	Jimenez, Noah	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-si Jimenez, Noah Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 57/133 Rpt: 60/138	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Jimenez Unzueta, Marco  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor out- Johns, Edward  Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Johns, Edward	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 01/05/2024	Johnson, Andy	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 58/133 Rpt: 61/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Johnson, Andy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Junod, Joseph  Contributor address; City; S			)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	<u>,                                    </u>		Employer (See Instructions	:, 		
	Medic	pation / Job title (See Instructions	)		City of Austin	·)		
	Date 01/19/2024	Full name of contributor Junod, Joseph Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Kalinowski, Jonathan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.40
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Kalinowski, Jonathan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.40
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 59/133 Rpt: 62/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID: Kaminowitz, Robert  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin	,		
	Date 01/05/2024	Full name of contributor	#:	)	•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID: Kane, Mikel  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID: Keef, Sean  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N:	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 60/133 Rpt: 63/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Keef, Sean</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Kingsbury, Dillon Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Dringing aggr	Austin, TX 78721			Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	»)		
	Date 01/19/2024	Full name of contributor Kingsbury, Dillon Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Kirmanidis, Andre Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Kirmanidis, Andre Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 61/133 Rpt: 64/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state F Knauer, Andrew</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor out-of-state F Knauer, Andrew Contributor address; City; State; Zip Code	-	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	paner, rest and (est mentione)		City of Austin	-,		
	Date 01/05/2024	Full name of contributor out-of-state F Knight, Aaron Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Contributor address; City; State; Zip Code	-	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 01/05/2024	Full name of contributor out-of-state F Koller, Joel Contributor address; City; State; Zip Code  Austin, TX 78721	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 62/133 Rpt: 65/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-star</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	ı				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Koller, Steven		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-sta Koller, Steven Contributor address; City; State; Zip Code	te PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Kownacki, Benjamin				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/19/2024	Full name of contributor out-of-sta Kownacki, Benjamin Contributor address; City; State; Zip Code	e		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 63/133 Rpt: 66/138	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Kraemer, Ashley  Contributor address; City; State		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor  Krampitz, Casey  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Krampitz, Casey  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Kraus, Stephen Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 64/133 Rpt: 67/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PAC Kraus, Stephen</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PAC Krycia, Noah Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC Kurtze, Benedict Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state PAC Kurtze, Benedict Contributor address; City; State; Zip Code  Austin, TX 78721	C (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			l				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 65/133 Rpt: 68/138	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor C  LeFan, Rebecca  Contributor address; City; State; 2  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor Contributor Contributor address; City; State; 2  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 66/133 Rpt: 69/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Leibin, Michael</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction:	9		Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor Lesley, Brian Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instruction:	2)		Employer (See Instructions	:, 		
	Medic	pation / 300 title (3ee instructions	5)		City of Austin	·)		
	Date 01/19/2024	Full name of contributor Lesley, Brian Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Lester, Christopher Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Lester, Christopher Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N:	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 67/133 Rpt: 70/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Leyva, Andrew</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Leyva, Andrew  Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)		Employer (See Instructions	 		
	Medic			(	City of Austin			
	Date 01/05/2024	Full name of contributor Lidster, Matthew Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Lidster, Matthew Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Lindsay, Ross Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 68/133 Rpt: 71/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_	Deireitad	Austin, TX 78721		Faralassa (Osas kastaustisas			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (I Lines, Bradley Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-state PAC (I Lines, Bradley Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$4.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (I Lopez, Cindy Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (I Lopez, Cindy  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 69/133 Rpt: 72/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Lopez, Lindsay	-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Lopez, Lindsay  Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor out-of Lopez, Ramon Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Lopez, Ramon  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/05/2024	Lozano Avila, Victor	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 70/133 Rpt: 73/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor out-of-s Lydon, Cassandra Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Medic	pation 7 oob title (See Instituctions)		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-s Lydon, Cassandra Contributor address; City; State; Zip Co	state PAC (ID#:	)	•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Lynch, Brian		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/19/2024	Lynch, Brian	state PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 71/133 Rpt: 74/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor [ Lyon, Natalie	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor [ Lyon, Natalie Contributor address; City; Sta		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor [ Malgieri, Anthony Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Malgieri, Anthony Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/05/2024	Full name of contributor  Mallon, Paul  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this 1	or	m.	1	Total pages Schedule A1: Sch: 72/133 Rpt: 75/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Mallon, Paul</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_Malone, Jordan  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	رد آ		
	Medic	pation 7 oob title (occ mondetions)		City of Austin	,,		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Malone, Jordan Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_Mancia Covarrubias, Adonay  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Mancia Covarrubias, Adonay  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<b>.</b> (5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to compl	lete this forr	n.	1	Total pages Schedule A1: Sch: 73/133 Rpt: 76/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-sta Mancias, Vivian</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Mancias, Vivian		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor out-of-sta  Martin, Denise  Contributor address; City; State; Zip Code	e	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Martin, Denise		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/05/2024	Full name of contributor out-of-sta  Martin, Noah  Contributor address; City; State; Zip Code  Austin, TX 78721	e			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 74/133 Rpt: 77/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state  Martin, Noah</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-state Martin, William Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Martinez, Henry  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 01/19/2024	Full name of contributor out-of-state Martinez, Henry  Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 75/133 Rpt: 78/138	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>		)	7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Mason, Bryan  Contributor address; City; State; Zip		)		Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor out-o Maxwell, Aaron Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Maxwell, Aaron	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/05/2024	May, Alexandra	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 76/133 Rpt: 79/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor</li><li>May, Alexandra</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor Mayian, Jimma Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	9		Employer (See Instructions	;) 		
	Medic	pation / Job title (See Instructions	)		City of Austin	·)		
	Date 01/19/2024	Full name of contributor Mayian, Jimma Contributor address; City; Si			)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor McClelland, Sterling Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor McClelland, Sterling Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 77/133 Rpt: 80/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor [ McDaniel, Michael	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$9.50
_		Austin, TX 78721	<u> </u>				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor [ McDaniel, Michael  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$9.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor  McGarry, Kenneth  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  McGarry, Kenneth  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor  McIntire, Morgan  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N:	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 78/133 Rpt: 81/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor McIntire, Morgan</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor McLaughlin, Kathleen Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	·/		
	Medic	pation / 300 title (3ee instructions	5)		City of Austin	) )		
	Date 01/19/2024	Full name of contributor McLaughlin, Kathleen Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor McNiff, Katie Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor McNiff, Katie Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL (	CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 79/133 Rpt: 82/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor</li><li>Medina, Jonathan</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Medina, Jonathan  Contributor address; City; Si	out-of-state PAC (ID#:tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions		-	Employer (See Instructions			
	Medic	pation / Job title (See Instructions	)		City of Austin	)		
	Date 01/05/2024	Full name of contributor  Megally, Maureen  Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Megally, Maureen  Contributor address; City; Si  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor  Mendez, Corey  Contributor address; City; Si  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 80/133 Rpt: 83/138	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Mendez, Corey	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor on the staz, Thomas  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	•		
	Date 01/19/2024	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 01/05/2024	Full name of contributor of Miller, Matthew  Contributor address; City; State; Z  Austin, TX 78721	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor of Miller, Matthew  Contributor address; City; State; Z  Austin, TX 78721	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 81/133 Rpt: 84/138	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor  Mireles, Guadalupe</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 01/19/2024	Full name of contributor  Mireles, Guadalupe  Contributor address; City; State;		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor  Molinelli, Nicholas  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 01/19/2024	Full name of contributor  Molinelli, Nicholas  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor  Monson, Nancy  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 82/133 Rpt: 85/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state F Monson, Nancy</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor out-of-state F Moore, Garrett  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 01/19/2024	Full name of contributor out-of-state F Moore, Garrett  Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state F Morris, Kyle Contributor address; City; State; Zip Code  Austin, TX 78721	-	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state F Morris, Kyle Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<b>'</b>				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 83/133 Rpt: 86/138	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Full name of contributor     Morrison, Timothy     Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Morrison, Timothy  Contributor address; City; State		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor  Morton, Rebecca  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Morton, Rebecca  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor  Muniz, Brian  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 84/133 Rpt: 87/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-st  Muniz, Brian</li> <li>Contributor address; City; State; Zip Contributor address; City; State</li> </ul>			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Murphy, Michelle  Contributor address; City; State; Zip Cod		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-st Murphy, Michelle Contributor address; City; State; Zip Cod	tate PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Negron, Luis		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/19/2024	Negron, Luis	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 85/133 Rpt: 88/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Nelson, William</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instruction: City of Austin	s)		
	Date 01/19/2024	Full name of contributor Nelson, William Contributor address; City; St			-	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)	Employer (See Instruction	 s)		
	Medic	•		City of Austin	•		
	Date 01/05/2024	Full name of contributor Nguyen, Christopher Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instruction: City of Austin	s)		
	Date 01/19/2024	Full name of contributor Nguyen, Christopher Contributor address; City; St Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instruction: City of Austin	<u> </u> s)		
	Date 01/05/2024	Full name of contributor Noak, Darren Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instruction: City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 86/133 Rpt: 89/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PAG Noak, Darren</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PAG Noble, Keith Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAG Noftle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 01/19/2024	Full name of contributor out-of-state PAG Noftle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 87/133 Rpt: 90/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Nudelman, Lee</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Nudelman, Lee Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721	.,		Employer (See Instructions	·/_		
	Medic	pation / Job title (See Instructions	,		City of Austin	·)		
	Date 01/05/2024	Full name of contributor Olivarez, Dominique Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Olivarez, Dominique Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Olivo, Nicholas Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 88/133 Rpt: 91/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	5 Full name of contributor out-of-state PAC (II Olivo, Nicholas 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	1_		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (II Orr, John Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-state PAC (II Orr, John Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (II Orr, Valeria Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (II Orr, Valeria Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 89/133 Rpt: 92/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-star  pailes, Kenneth</li> <li>Contributor address; City; State; Zip Code</li> </ul>	ate PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Pailes, Kenneth		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	pation 7 000 title (occ motivations)		City of Austin	,,		
	Date 01/05/2024	Full name of contributor out-of-sta Palmer, Jacob  Contributor address; City; State; Zip Code	ate PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Palmer, Jacob		)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/05/2024	Full name of contributor out-of-state Patterson, Roger  Contributor address; City; State; Zip Code	ate PAC (ID#:			Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 90/133 Rpt: 93/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor  out-of-state PA Pearson, Kayla Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	pation / Job title (See Instructions)		City of Austin	>)		
	Date 01/19/2024	Full name of contributor out-of-state PA Pearson, Kayla Contributor address; City; State; Zip Code	AC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PA Perry, Sean Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PA Perry, Sean Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 91/133 Rpt: 94/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  out-of-state PAC (ID# Phillips, Heather Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	_	Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor	#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID# Phillips, Kyle  Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID# Plewacki, Thomas  Contributor address; City; State; Zip Code  Austin, TX 78721	<b>;</b> #:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 92/133 Rpt: 95/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	5 Full name of contributor out-of-state PAC Plewacki, Thomas  6 Contributor address; City; State; Zip Code	(ID#:		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor out-of-state PAC Poss, Lauren Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Medic	patient y coo title (coo monactions)		City of Austin	٥,		
	Date 01/19/2024	Full name of contributor out-of-state PAC Poss, Lauren Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC Powell-Evans, Simon Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC Powell-Evans, Simon Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 93/133 Rpt: 96/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor out-of-state PAC (I Powers, Kristy  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (I Powers, Kristy  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor  out-of-state PAC (I Price, Amber  Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (I Price, Amber  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (I Pruiett, Cayden  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 94/133 Rpt: 97/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state F</li> <li>Pruiett, Cayden</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state F Puckett, James  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$2.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state F Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721	-	)	•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state F Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	IS 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 95/133 Rpt: 98/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	r Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Quiroz Mendez, Jesus</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Quiroz Mendez, Jesus Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)	Employer (See Instructions	 		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor Rafferty, Zachary Contributor address; City; St	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$13.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	(5)	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Rafferty, Zachary Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$13.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Ramos, Duane Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)	Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 96/133 Rpt: 99/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Full name of contributor     Ramos, Duane     Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor Rasmussen, Nathan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$9.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	رد 		
	Medic			City of Austin	,,		
	Date 01/19/2024	Full name of contributor Rasmussen, Nathan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$9.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Rasmussen, Rebecca Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/19/2024	Full name of contributor Rasmussen, Rebecca Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 97/133 Rpt: 100/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state  out-of-state</li> <li>Rattan, MaKena</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor out-of-state Rattan, MaKena Contributor address; City; State; Zip Code	-	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	pation 7 cos title (cos mondonone)		City of Austin	-,		
	Date 01/05/2024	Full name of contributor out-of-state Rawn, Madison  Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state Rawn, Madison  Contributor address; City; State; Zip Code  Austin, TX 78721	-	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state Reader, Robert  Contributor address; City; State; Zip Code  Austin, TX 78721	PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 98/133 Rpt: 101/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	-ilers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Reader, Robert</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor Redd, Kevin Contributor address; City; S			)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instruction:	s) I		Employer (See Instructions	() 		
	Medic	pation / Job title (Jee matractions			City of Austin	,,		
	Date 01/19/2024	Full name of contributor Redd, Kevin Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Reffell, Kelaiah Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Reffell, Kelaiah Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction:	5)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 99/133 Rpt: 102/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-si</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-single out-of-single contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City;				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Reilly, Susanna	tate PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Reilly, Susanna				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-si Reyes, Christopher Contributor address; City; State; Zip Co	tate PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 100/133 Rpt: 103/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state P Reyes, Christopher</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$3.00
_	Dringing Lagge	Austin, TX 78721	lo.	Employer (Coo Instructions	<u></u>		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state P Rice, Larry Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	-,		
	Date 01/19/2024	Full name of contributor out-of-state P Rice, Larry Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state P Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state P Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 101/133 Rpt: 104/138	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Risinger, Russell	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
_	Deireitad	Austin, TX 78721	To-	Farada a (Carada de Arastica de			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Medic	panelly cos and (cos mendenelle)		City of Austin	,		
	Date 01/05/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 01/05/2024	Full name of contributor Cocha, Andrea  Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 102/133 Rpt: 105/138	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Rodgers, Jared</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$2.50
_	Dringing Loggy	Austin, TX 78721	lo.	Employer (Coo Instructions			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  Rodgers, Jared  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor Rodriguez, Andrew Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 01/19/2024	Full name of contributor Rodriguez, Andrew Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; z; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Rodriguez, Giovanni Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		

	MONET	ARY POLITICAL CONTR	RIBUTIONS			SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comp	lete this form.		1	Total pages Schedule A1: Sch: 103/133 Rpt: 106/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	mployee PAC		3	Filer ID (Ethics Commission   00053202	Filers)
4	Date 01/19/2024		ate PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1				
8	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	)		
	Date 01/05/2024	Rogers, Darren  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	En	nployer (See Instructions	)		
	Medic	,		ty of Austin	•		
	Date 01/19/2024	Full name of contributor out-of-st Rogers, Darren  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	)		
	Date 01/05/2024	Rogers, Wesley	ate PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	)		
	Date 01/19/2024	Full name of contributor out-of-st Rogers, Wesley Contributor address; City; State; Zip Cod Austin, TX 78721	ate PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 104/133 Rpt: 107/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_	Deireitad	Austin, TX 78721	٦	Faralassa (Ossalasstasstissa			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor	:	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID# Rose, Donald  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID# Rutledge, Lindsey Contributor address; City; State; Zip Code Austin, TX 78721	:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL C	CONTRIBUTION	NS 			SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.		1	Total pages Schedule A1: Sch: 105/133 Rpt: 108/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	;		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Rutledge, Lindsey</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	) 9		oyer (See Instructions of Austin	s)		
	Date 01/05/2024	Full name of contributor Salmeron, Alejandro Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$3.00
	Dringing occur	Austin, TX 78721	<u>,                                      </u>	Emple	oyer (See Instructions	<u></u>		
	Medic Medic	pation / Job title (See Instructions	,		of Austin	5)		
	Date 01/19/2024	Full name of contributor Salmeron, Alejandro Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	)		oyer (See Instructions of Austin	s)		
	Date 01/05/2024	Full name of contributor Sandoval Ruano, Edward Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	)		oyer (See Instructions of Austin	5)		
	Date 01/19/2024	Full name of contributor Sandoval Ruano, Edward Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	)		oyer (See Instructions of Austin	5)		
			-					

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 106/133 Rpt: 109/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor  out-of-state PAC (III Santiago, Sabrina  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (II Santiago, Sabrina Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic	,	City of Austin	,		
	Date 01/05/2024	Full name of contributor out-of-state PAC (It Scamman, Alexis  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (It Scamman, Alexis  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 01/05/2024	Full name of contributor out-of-state PAC (II Schickel, Matthew  Contributor address; City; State; Zip Code  Austin, TX 78721	D#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 107/133 Rpt: 110/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>	-		7	Amount of Contribution (\$)	\$5.00
_	5	Austin, TX 78721	la la	(O )	_		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor	PAC (ID#:	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Schutt, Kyle	PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state Schutt, Kyle Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:		•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 108/133 Rpt: 111/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Scott, Austin</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions City of Austin	s)		
	Date 01/19/2024	Full name of contributor Scott, Austin Contributor address; City; S			)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	5)		Employer (See Instructions	;) 		
	Medic	panon, cos uno (cos mondonos			City of Austin	,		
	Date 01/05/2024	Full name of contributor Sedillo, Gabriel Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Sedillo, Gabriel Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Shelton-Collins, Marcus Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this forr	m.	1	Total pages Schedule A1: Sch: 109/133 Rpt: 112/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-si  Shelton-Collins, Marcus</li> <li>Contributor address; City; State; Zip Collins</li> </ul>		)	7	Amount of Contribution (\$)	\$3.00
_	Deireitad	Austin, TX 78721	- Ia	Faralas as (October la structions			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-si Sircher, Christopher Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-single out-o	tate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Sklar, Estelle	tate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Sklar, Estelle	tate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 110/133 Rpt: 113/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_	Daine in all and	Austin, TX 78721	la la	Frankrije (Ozakastica)			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor  uut-of-state PA Slattery, Christian Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor out-of-state PA Smith, Anthony Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PA Smith, Anthony  Contributor address; City; State; Zip Code  Austin, TX 78721			-	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PASmith, Ashlyn  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this form	n.	1	Total pages Schedule A1: Sch: 111/133 Rpt: 114/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor	AC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PA Soto, Darae  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 01/19/2024	Full name of contributor out-of-state Pasoto, Darae  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 112/133 Rpt: 115/138	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor</li><li>Stec, Ryan</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$3.00
_	<u> </u>	Austin, TX 78721	To To	5 1 (0 1 1 "	<u></u>		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Stec, Ryan Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	panony cos and (coo mendenone)		City of Austin	,		
	Date 01/05/2024	Full name of contributor Stedman, Christina Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Stedman, Christina Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Stephens, Eric Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 113/133 Rpt: 116/138	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	-ilers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor Stephens, Eric</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction	5)	9	Employer (See Instructions City of Austin	s)		
	Date 01/05/2024	Full name of contributor Stevens, Mitchell Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instruction			Employer (See Instructions	·/		
	Medic	pation 7 300 title (See instruction	5)		City of Austin	·)		
	Date 01/19/2024	Full name of contributor Stevens, Mitchell Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Stowe, Richard Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Stowe, Richard Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
			1					

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 114/133 Rpt: 117/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>5 Full name of contributor  out-of Stubbs, Brian</li> <li>6 Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$2.50
_	Deignigal	Austin, TX 78721	- Io	Franks or (Cool looks of or			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Stubbs, Brian  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor out-of Swanner, Emily Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Swanner, Emily	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Swem, Austin	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 115/133 Rpt: 118/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_	Deireitad	Austin, TX 78721	10	Faralassa (Caralastassticas			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Swift, Patrick  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#: Tait, Grant  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Tait, Grant  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 116/133 Rpt: 119/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state P Tarrillion, Matthew</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-	)	7	Amount of Contribution (\$)	\$5.00
_		Austin, TX 78721	1-		_		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state P Tarrillion, Matthew Contributor address; City; State; Zip Code	-	)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic	,		City of Austin	,		
	Date 01/05/2024	Full name of contributor out-of-state P Tekamp, Austin Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state P Tekamp, Austin Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state P Thomas, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS .		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 117/133 Rpt: 120/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Full name of contributor     Thomas, Jonathan     Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721	lo.	Frankria (Caa kastuustia ra			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 01/05/2024	Full name of contributor [ Thomas, Patrick  Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor Thomas, Patrick Contributor address; City; Star	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Thompson, Garner Contributor address; City; Star Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 01/19/2024	Full name of contributor Thompson, Garner Contributor address; City; Star Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 118/133 Rpt: 121/138	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor  Thornton, Nichole</li><li>6 Contributor address; City; State;</li></ul>			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	10				
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Thornton, Nichole Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor Thornton, Sarah Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 01/19/2024	Full name of contributor Thornton, Sarah Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 01/05/2024	Full name of contributor Todd, Joshua Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 119/133 Rpt: 122/138	3
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PAGE Todd, Joshua</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAG Toole, Garrett Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PAG Toole, Garrett Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 01/19/2024	Full name of contributor out-of-state PAG Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 120/133 Rpt: 123/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$5.00
_	5	Austin, TX 78721	la la	5 1 (0 1 1 1	<u></u>		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor out-of-state I Torrez, Ernest Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state   Torrez, Ernest  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 01/05/2024	Full name of contributor out-of-state I Tran, Si Contributor address; City; State; Zip Code  Austin, TX 78721	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 121/133 Rpt: 124/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor out-of-stran, Si</li> <li>Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of- Trivedi, Hersh Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	(		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of- Trivedi, Hersh  Contributor address; City; State; Zip Co	state PAC (ID#: ode	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Van Treese, Taylor	state PAC (ID#: ode			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u> 5)		
	Date 01/19/2024	Full name of contributor out-of- Van Treese, Taylor  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			·				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 122/133 Rpt: 125/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	5 Full name of contributor out-of-state PAC (IE VanZandt, Donovan  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$5.00
_	5	Austin, TX 78721	-la	5 1 (0 1 1 1	<u></u>		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor out-of-state PAC (IE Vargas, Eric Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (IE Vargas, Eric Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (IE Veasna, Renayuddh  Contributor address; City; State; Zip Code  Austin, TX 78721	D#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 123/133 Rpt: 126/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	Veasna, Renayuddh	ate PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721		(O )			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<del></del>		
	Date 01/05/2024	Villalobos, Ana	ate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Medic	patient / ees title (eee metadaone)		City of Austin	,,		
	Date 01/19/2024	Full name of contributor	ate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Voelker, Jaime		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 01/19/2024	Voelker, Jaime	ate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 124/133 Rpt: 127/138	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	Wadham, Gary	t-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$)	\$5.00
_		Austin, TX 78721	<u> </u>				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Wadham, Gary  Contributor address; City; State; Zi		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor ou Ward, Christopher Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor ou Ward, Christopher Contributor address; City; State; Zi Austin, TX 78721	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor ou Watanabe-O'Toole, Nicholas Contributor address; City; State; Zi Austin, TX 78721	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 125/133 Rpt: 128/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state in watanabe-O'Toole, Nicholas</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state if Weber, Wyatt  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic	,		City of Austin	,		
	Date 01/19/2024	Full name of contributor out-of-state for Weber, Wyatt  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state if Weil, Skyler  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state if Weil, Skyler  Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 126/133 Rpt: 129/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state F</li> <li>Weldon, Tyler</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-		7	Amount of Contribution (\$)	\$2.50
_	Deignigal	Austin, TX 78721	lo.	Franks or (Cook batterations			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor out-of-state F Welkley, Justin Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state F Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721	-			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state F Wesen, Hunter Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 127/133 Rpt: 130/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s) 		
	Date 01/05/2024	Full name of contributor		)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor out-of-state PA Westby, Andrew Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PA Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/19/2024	Full name of contributor out-of-state PA Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 128/133 Rpt: 131/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			L		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	White, Anna Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/05/2024	Full name of contributor out-of-state White, Stephen Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	White, Stephen		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Wiggin, Stuart	e PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 129/133 Rpt: 132/138	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul><li>5 Full name of contributor  o</li><li>Wiggin, Stuart</li><li>6 Contributor address; City; State; Z</li></ul>			7	Amount of Contribution (\$)	\$1.00
_	5	Austin, TX 78721	10				
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 01/05/2024	Wijayang, Cecilia  Contributor address; City; State; Z				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/19/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 01/05/2024	Full name of contributor of contributor of contributor of contributor of contributor address; City; State; Zity; Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 01/19/2024	Full name of contributor of williams, Dennis  Contributor address; City; State; Z  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	· )		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 130/133 Rpt: 133/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state PAC (I Winters, John</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	اء	5 1 (0 1 1 1	_		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (I Winters, John Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic	·		City of Austin	,		
Date 01/05/2024		Full name of contributor out-of-state PAC (I Wittstadt, Erik Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (I Wittstadt, Erik 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			•	Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 131/133 Rpt: 134/138	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state PAC Wright, Courtney</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	la.	5 1 (0 1 1 1	Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
Date 01/19/2024		Full name of contributor		)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC Xie, Selena 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	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 132/133 Rpt: 135/138	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/05/2024	<ul><li>5 Full name of contributor Yankiver, Lizabeth</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Austin, TX 78721		Employer (See Instructions	", 		
<u> </u>	Medic Medic	pation / Job title (See Instructions)	9	City of Austin	·)		
	Date 01/19/2024	Full name of contributor Yankiver, Lizabeth Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	,	Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
Date 01/05/2024		Full name of contributor Yarbrough, James Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/19/2024	Full name of contributor Yarbrough, James Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$4.00
	Principal occu Medic	pation / Job title (See Instructions)	1.	Employer (See Instructions City of Austin	5)		
	Date 01/05/2024	Full name of contributor Yasui, Benjamin Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ΛC	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 133/133 Rpt: 136/138
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 out-of-state PAC (ID#:) Yasui, Benjamin  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$1.00	
8	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	9	Employer (See Instructions	S)	

	LOANS						SCHEDUI	LE <b>E</b>
	The Instructio	on Guide explains how to complete t	his f	orm.	1		es Schedule E: Rpt: 137/138	
2	P. FILER NAME Austin Travis County Emergency Medical Services Employee PA					(Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS				\$	<b>S</b>	0.00
5	Date of loan	7 Name of lender out-of-st	ate PA	C (ID#:		9	Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City; Sta	ate;	Zip Code		1	.0 Interest Rate	
						1	1 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruc	tions)			
14	Description of Coll	ateral		15 Check if personal fund	s were depos	sited ir	nto political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		1		1	.9 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address; City; Sta	ate;	Zip Code				
20	Principal occupation	on		21 Employer (See Instruc	tions)			

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	<u> </u>	
Sch: 1/1 Rpt: 138/138	Austin Travis County Emergency Medical Services 00053202	
4 Date	5 Payee name	
01/05/2024	City of Austin - EMS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$33.10	15 Waller Street	
Expenditure from corporate funds	Austin, TX 78702	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Payroll deduction fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
		_
Date	Payee name	
01/19/2024	City of Austin - EMS	
Amount (\$)	Payee address; City; State; Zip Code	
\$33.00	15 Waller Street	
Expenditure from		
corporate funds	Austin, TX 78702	
corporate funds		
Corporate funds  PURPOSE  OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
corporate funds  PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
Corporate funds  PURPOSE  OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
Corporate funds  PURPOSE  OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll deduction fees  Candidate/Officeholder name  Office sought  Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll deduction fees  Candidate/Officeholder name  Office sought  Office held	
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