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) 136 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 02/27/2024 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE MANE			I	40 File ID	(Ethios Commission Eller)
2 COMMITTEE NAME	Emergency Medical Serv	vices Employee BAC		13 Filer ID 00053202	(Ethics Commission Filers)
				00053202	·
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTION OR GUARANTEES OF LOA IADE ELECTRONICALLY) qualifies for the higher itemization	NS, ÒR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	1,930.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITUR	ES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	65.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAII G PERIOD	NED AS OF THE LAST	DAY \$	83,855.77
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTAI REPORTING PERIOD	NDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	<u>'</u>			<u> </u>	
		true and corre	irm, under penalty of pe ect and includes all infor , Election Code.		
			Ms Sa	elena Xie	
			Signature of Ca		urer
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by the said		, tl	his the	day
		which, witness my hand and			
Signature of officer	administering oath	Printed name of officer adm	inistering oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 136

					3 01 130
		E NAME vis County Emergency Medical Services Employee PAC	18 Filer ID 00053202	(Ethic:	s Commission Filers)
		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,930.08
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	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.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	65.50
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	SCHEDULE A				
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 1/131 Rpt: 4/136	
2	FILER NAME Austin Travis	s County Emergency Medical So	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	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	1				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 02/16/2024	Full name of contributor Adams, William Contributor address; City; Stat	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	:)		
	Medic	,		City of Austin	,		
	Date 02/02/2024	Full name of contributor Adcock, Brandon Contributor address; City; Stat	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	i)		
	Date 02/16/2024	Full name of contributor Adcock, Brandon Contributor address; City; Stat 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 02/02/2024	Full name of contributor Aguilar, Ricardo Contributor address; City; Stat 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	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A				
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/131 Rpt: 5/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor			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 02/02/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID# Albear, Oscar Contributor address; City; State; Zip Code	t:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID# 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>l</u> s)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID# 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)		

	MONET	ARY POLITICAL (SCHEDULE A					
	The Instruc	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 3/131 Rpt: 6/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Almaguer, Luis6 Contributor address; City; St	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 02/16/2024	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 Instructions	 ;)		
	Medic				City of Austin			
	Date 02/02/2024	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	s)		Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor Almodovar, Alejandra Contributor address; City; Si Austin, TX 78721)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 02/02/2024	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 Instructions City of Austin	5)		

	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: 4/131 Rpt: 7/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Anderson, Scott6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction:	9		Employer (See Instructions City of Austin	s)		
	Date 02/02/2024	Full name of contributor Anthon, McKenna Contributor address; City; S)		Amount of Contribution (\$)	\$3.00
	Dringing occur	Austin, TX 78721	5) T		Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	»)		
	Date 02/16/2024	Full name of contributor Anthon, McKenna 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 02/02/2024	Full name of contributor Armas, David 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 02/16/2024	Full name of contributor Armas, David 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)		
			-					

	MONET	ARY POLITICAL CO		SCHEDULE			
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 5/131 Rpt: 8/136	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Armstrong, Charles 6 Contributor address; City; State	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 02/16/2024	Full name of contributor Armstrong, Charles 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	 ;)		
	Medic			City of Austin			
	Date 02/02/2024	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 02/16/2024	Full name of contributor Arocha-Guerra, Val 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 02/02/2024	Full name of contributor Aubin, Scott 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)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE /			
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 6/131 Rpt: 9/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor)	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 02/02/2024	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 02/16/2024	Full name of contributor out-of-state PAC (I Aune, Joseph 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 02/02/2024	Full name of contributor out-of-state PAC (II 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	<u>1</u> S)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (II 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)		

	MONET	ARY POLITICAL CO		SCHEDULE A			
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 7/131 Rpt: 10/136	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Full name of contributor Azelton, Andrew Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$2.50
_	5	Austin, TX 78721	- la				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	S) 		
	Date 02/16/2024	Full name of contributor Azelton, Andrew Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic	,		City of Austin			
	Date 02/02/2024	Full name of contributor Azuara Mendez, Elvia Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.27
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor Azuara Mendez, Elvia Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.27
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> 5)		
	Date 02/02/2024	Full name of contributor Bailey, Charles Contributor address; City; Stat 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	s)		

	MONET	ARY POLITICAL CONTRI	SCHEDULE A				
	The Instru	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 8/131 Rpt: 11/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state out-o			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 02/02/2024	Bailey, James)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	patient, cos and (coo monacione)		City of Austin	-,		
	Date 02/16/2024	Full name of contributor out-of-state Bailey, James 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 02/02/2024	Baker, Alexander)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 02/16/2024	Full name of contributor out-of-state Baker, Alexander Contributor address; City; State; Zip Code Austin, TX 78721	e 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 CONTRIBUT		A1			
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 9/131 Rpt: 12/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (II Baker, Amanda 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	5)		
	Date 02/16/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor out-of-state PAC (If Baker, Coty 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 02/16/2024	Full name of contributor out-of-state PAC (II Baker, 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 02/02/2024	Full name of contributor out-of-state PAC (If Balboa, 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	s)		
			•				

	MONET	ARY POLITICAL CO		SCHEDULE			
	The Instruc	ction Guide explains how t	o complete this forn	n.	1	Total pages Schedule A1: Sch: 10/131 Rpt: 13/136	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Balboa, Adam	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 02/02/2024	Full name of contributor Barch-Chandler, Travis 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	 ;)		
	Medic	,		City of Austin	,		
	Date 02/16/2024	Full name of contributor Barch-Chandler, Travis 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 02/02/2024	Full name of contributor Barnhart, Jennifer 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>l</u> s)		
	Date 02/16/2024	Full name of contributor Barnhart, Jennifer 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	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 11/131 Rpt: 14/136	
2	FILER NAME Austin Travis	County Emergency Medical Services Employ	/ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC Barr, Jaelithe 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	s)		
	Date 02/16/2024	Full name of contributor out-of-state PAC Barr, Jaelithe Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$1.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Medic	Janott 7 Job tille (See Histractions)		City of Austin	>)		
	Date 02/02/2024	Full name of contributor out-of-state PAC 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	S)		
	Date 02/16/2024	Full name of contributor out-of-state PAC 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	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC Beaver, Camille Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this 1	for	m.	1	Total pages Schedule A1: Sch: 12/131 Rpt: 15/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state PAC (ID#:_Beaver, Camille Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Dringing Loon	Austin, TX 78721	la.	Employer (Coa Instructions	<u></u>		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Bell, Jory Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Г	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_Bell, Jory 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 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Bernal, Erica 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 02/16/2024	Full name of contributor out-of-state PAC (ID#:_Bernal, Erica 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 CONTRIB	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 13/131 Rpt: 16/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state F Bess, Luke 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	s)		
	Date 02/16/2024	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> s)		
	Medic	,		City of Austin	,		
	Date 02/02/2024	Full name of contributor	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 02/16/2024	Full name of contributor out-of-state F Black, Jessica 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 02/02/2024	Full name of contributor out-of-state F Blais, Braden 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 C	CONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 14/131 Rpt: 17/136	
2	FILER NAME Austin Travis	County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Blais, Braden6 Contributor address; City; Sta	out-of-state PAC (ID#:atte; 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 02/02/2024	Full name of contributor Blume, Michael Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		-	Amount of Contribution (\$)	\$3.00
	Dringing occur	Austin, TX 78721		Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions)	'	City of Austin	o)		
	Date 02/16/2024	Full name of contributor Blume, Michael 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	s)		
	Date 02/02/2024	Full name of contributor Bockewitz, William 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	s)		
	Date 02/16/2024	Full name of contributor Bockewitz, William 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 CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 15/131 Rpt: 18/136	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out Brazelton, Reese Contributor address; City; State; Zip 			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 02/16/2024	Full name of contributor out Brazelton, Reese Contributor address; City; State; Zip	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 02/02/2024	Full name of contributor out Brindley, Jordan Contributor address; City; State; Zip	o 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 02/16/2024	Full name of contributor out Brindley, Jordan Contributor address; City; State; Zip Austin, TX 78721	-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 02/02/2024	Full name of contributor out Brunson, Savannah Contributor address; City; State; Zip Austin, TX 78721	o Code)		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 (CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 16/131 Rpt: 19/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	 C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Brunson, Savannah6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor Bumpus, Ross Contributor address; City; S					Amount of Contribution (\$)	\$1.00
	Dringing agg	Austin, TX 78721	5)		Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		City of Austin	»)		
	Date 02/16/2024	Full name of contributor Bumpus, Ross 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	s)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor Burgoyne, James 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)		
	Date 02/16/2024	Full name of contributor Burgoyne, James 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)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 17/131 Rpt: 20/136	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Full name of contributor Cabrera, Ryan 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	s)		
	Date 02/16/2024	Full name of contributor Cabrera, Ryan Contributor address; City; State			•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	panon / cos uno (coe monucuono)		City of Austin	•,		
	Date 02/02/2024	Full name of contributor Cain, Christopher 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 02/16/2024	Full name of contributor Cain, Christopher 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 02/02/2024	Full name of contributor Carter, Emma 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	s)		
			<u>'</u>				

	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: 18/131 Rpt: 21/136	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Carter, Emma6 Contributor address; City; State;			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 02/02/2024	Full name of contributor Cartmill, Andres 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	pation 7 dob title (dee mandetions)		City of Austin	,		
	Date 02/16/2024	Full name of contributor Cartmill, Andres 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	5)		
	Date 02/02/2024	Full name of contributor Cavarretta, 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 02/16/2024	Full name of contributor Cavarretta, 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)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 19/131 Rpt: 22/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor			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 02/16/2024	Full name of contributor out-of-state PAC Cendejas, Jacqueline 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 02/02/2024	Full name of contributor out-of-state PAG Chavez, Erin 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 02/16/2024	Full name of contributor out-of-state PAG 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	<u>I</u> S)		
	Date 02/02/2024	Full name of contributor out-of-state PAG Cheeks, Shedrick Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:			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 CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 20/131 Rpt: 23/136	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024		t-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 02/02/2024	Full name of contributor ou Chester, Hannah Contributor address; City; State; Zi	t-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 02/16/2024	Full name of contributor ou Chester, Hannah Contributor address; City; State; Zip	t-of-state PAC (ID#: p 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 02/02/2024	Full name of contributor ou Chhabra, Ranjit Contributor address; City; State; Zip Austin, TX 78721	p Code			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 02/16/2024	Full name of contributor ou Chhabra, Ranjit Contributor address; City; State; Zij Austin, TX 78721	t-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 CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 21/131 Rpt: 24/136	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Ciampaglio, Anthony	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 02/16/2024	Full name of contributor Ciampaglio, Anthony Contributor address; City; State)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Medic	,		City of Austin	,		
	Date 02/02/2024	Full name of contributor Ciminera, Joseph 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 02/16/2024	Full name of contributor Ciminera, Joseph 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>		
	Date 02/02/2024	Full name of contributor Clark, Rajiv 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>				

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 22/131 Rpt: 25/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-star Clark, Rajiv 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 02/02/2024	Clark, William Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 02/16/2024	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 02/02/2024	Cluskey, Francis)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 02/16/2024	Cluskey, Francis				Amount of Contribution (\$)	\$2.50
	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 form	n.	1	Total pages Schedule A1: Sch: 23/131 Rpt: 26/136	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 5 Full name of contributor Cole, Jason 6 Contributor address; City; State; 			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)		
	Date 02/16/2024	Full name of contributor	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)		
	Medic	panelly cost and (cost mendenelle)		City of Austin	,		
	Date 02/02/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
Date 02/16/2024		Full name of contributor out-of-state PAC (ID#:) Coleman, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00	
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 02/02/2024	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 (CONTRIBUTION	NS 			SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this for	rm.		1	Total pages Schedule A1: Sch: 24/131 Rpt: 27/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Cooper, Matthew6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		nployer (See Instructions ty of Austin	i)		
	Date 02/02/2024	Full name of contributor Cornwall, Angela Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	.)	En	nployer (See Instructions			
	Medic	pation 7 300 title (See Instructions)		ty of Austin	')		
	Date 02/16/2024	Full name of contributor Cornwall, Angela Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s)		nployer (See Instructions ty of Austin)		
	Date 02/02/2024	Full name of contributor Cortez Argo, Austin 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)		nployer (See Instructions ty of Austin	5)		
	Date 02/02/2024	Full name of contributor Costantino, John Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		nployer (See Instructions ty of Austin	()		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 25/131 Rpt: 28/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of- Costantino, John Contributor address; City; State; Zip Contributor 	state PAC (ID#: ode		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 02/02/2024	Full name of contributor out-of- Crock, Clairissa Contributor address; City; State; Zip Co)		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 02/16/2024	Full name of contributor out-of- Crock, Clairissa 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 02/02/2024	Crouch, Jordan	state PAC (ID#: ode			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Crouch, Jordan	state PAC (ID#:		•	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 C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 26/131 Rpt: 29/136	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Full name of contributor Crouch, William Contributor address; City; State	out-of-state PAC (ID#:te; 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 02/16/2024	Full name of contributor [Crouch, William Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor Cruz Zarate, Hector 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 02/16/2024	Full name of contributor Cruz Zarate, Hector 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)		
	Date 02/02/2024	Full name of contributor Cummings, Daniel 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	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 27/131 Rpt: 30/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state P Cummings, Daniel Contributor address; City; State; 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	s)		
	Date 02/02/2024	Full name of contributor out-of-state PDamron, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Medic	pation 7 oob title (oce mondellons)		City of Austin	٠,		
	Date 02/16/2024	Full name of contributor out-of-state PDamron, William Contributor address; City; State; Zip Code	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 02/02/2024	Full name of contributor out-of-state P Davis, Kenneth 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 02/16/2024	Full name of contributor out-of-state P Davis, Kenneth 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 CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 28/131 Rpt: 31/136	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 5 Full name of contributor ou Davis, Richard 6 Contributor address; City; State; Zip 	t-of-state PAC (ID#: o 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 02/16/2024	Full name of contributor ou Davis, Richard Contributor address; City; State; Zi	t-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	paner, cos uno (coo monuono)		City of Austin	,		
	Date 02/02/2024	Full name of contributor ou DeLong, Jonathan Contributor address; City; State; Zip	t-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)		
02/16/2024 DeLong, Jona Contributor add		Full name of contributor ou DeLong, Jonathan Contributor address; City; State; Zij 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)		
	Date 02/02/2024	Full name of contributor ou Dean-Masse, Dustin Contributor address; City; State; Zip 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	i)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 29/131 Rpt: 32/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor out-of-state PAC (Dean-Masse, Dustin 6 Contributor address; City; State; Zip Code	(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 02/02/2024	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 02/16/2024	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 02/02/2024		Full name of contributor out-of-state PAC (ID#:) Dionizio, James 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>I</u> S)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (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	S)		
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	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 30/131 Rpt: 33/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PA Dockery, Victoria Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.70
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor out-of-state PA Dockery, Victoria Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$3.70
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic			City of Austin	,		
	Date 02/02/2024	Full name of contributor out-of-state PA Donohoe, John 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 02/16/2024		Full name of contributor out-of-state PAC (ID#:) Donohoe, John 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>I</u> S)		
	Date 02/02/2024	Full name of contributor out-of-state PAD Draper, Joseph 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	5)		
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	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: 31/131 Rpt: 34/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor			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 02/02/2024	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 02/16/2024	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 02/02/2024		Durham, David	am, David ibutor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of-state Particle P			•	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 CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 32/131 Rpt: 35/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor out-of-state PAC (ID Echevarria, Edgardo 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.30
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID Echevarria, Edgardo Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin	•		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID Eeten, John Contributor address; City; State; 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 02/16/2024	Full name of contributor out-of-state PAC (ID 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	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID Eguia, Eduardo 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 CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 33/131 Rpt: 36/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor out-of-state PAC (II Eguia, Eduardo 6 Contributor address; City; State; Zip Code	D#:)	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 02/02/2024	Full name of contributor out-of-state PAC (II Elbel, Amber 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 02/16/2024	Full name of contributor out-of-state PAC (II Elbel, Amber 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 02/02/2024	Full name of contributor out-of-state PAC (II Elizardo, Daniel 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 02/16/2024	Full name of contributor out-of-state PAC (II Elizardo, Daniel 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)		
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	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: 34/131 Rpt: 37/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor			7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)	\top	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor	#:)		Amount of Contribution (\$)	\$3.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID# Ender, Daniel Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l </u>		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#Ferguson, John 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)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 35/131 Rpt: 38/136	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	Ferguson, John	t-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 02/02/2024	Full name of contributor out Ferguson, Thomas Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 02/16/2024	Full name of contributor out Ferguson, Thomas Contributor address; City; State; Zip	t-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 02/02/2024	Full name of contributor out Fernandez, Eric Contributor address; City; State; Zip 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	<u>(</u> 5)		
	Date 02/16/2024	Full name of contributor out Fernandez, Eric Contributor address; City; State; Zip 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	s)		
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	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: 36/131 Rpt: 39/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (IE Figueroa, Joshua 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	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (IE Figueroa, Joshua Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 02/02/2024	Full name of contributor out-of-state PAC (IE Finch, Walter Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (IE Finch, Walter 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> </u> s)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (IE Fitzpatrick, Bryan 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	s)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 37/131 Rpt: 40/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor			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 02/02/2024	Full name of contributor out-of-state Flanagan, Rilie 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>s)</u>		
	Medic	pation / vob tale (oce mondenous)		City of Austin	٠,		
	Date 02/16/2024	Full name of contributor	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 02/02/2024	Full name of contributor out-of-state Flores, Raul 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 02/16/2024	Full name of contributor out-of-state Flores, Raul 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	ΝC	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 38/131 Rpt: 41/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (ID#: Flores, Robert Contributor address; City; State; 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	s)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: Flores, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	_	Employer (See Instructions	?) 		
	Medic	pation / vob title (eee motitueions)		City of Austin	,		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Flores, Tiana 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 02/16/2024	Full name of contributor out-of-state PAC (ID#: 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>I</u> S)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Fuentes, Timothy 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)		
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	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: 39/131 Rpt: 42/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	Full name of contributor			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 02/02/2024	Full name of contributor out-of-state PAC Gallio, Riane 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 7 300 title (See Instituctions)		City of Austin	"		
	Date 02/16/2024	Full name of contributor out-of-state PAC Gallio, Riane 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 02/02/2024	Full name of contributor out-of-state PAC Garcia, Bianca 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 02/16/2024	Full name of contributor out-of-state PAC Garcia, Bianca 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	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 40/131 Rpt: 43/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	,	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Full name of contributor Gardner, Dale Contributor address; City; Si	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 Instruction City of Austin	ns)		
	Date 02/16/2024	Full name of contributor Gardner, Dale Contributor address; City; S				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	3)	Employer (See Instructio	ns)		
	Medic	panon / 300 the (300 mandenone	"	City of Austin	113)		
	Date 02/02/2024	Full name of contributor Garrett, Christina 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 Instruction City of Austin	ns)		
	Date 02/16/2024	Full name of contributor Garrett, Christina 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 Instruction City of Austin	ns)		
	Date 02/02/2024	Full name of contributor Garza Saldivar, Daryana 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 Instruction City of Austin	ns)		

	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: 41/131 Rpt: 44/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Garza Saldivar, Daryana6 Contributor address; City; S	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 02/02/2024	Full name of contributor Gastelum, Aaron Contributor address; City; S					Amount of Contribution (\$)	\$1.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/_		
	Medic	pation / Job title (See Instructions)		City of Austin)		
	Date 02/16/2024	Full name of contributor Gastelum, Aaron 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	5)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor Godinez, Sarai 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 02/16/2024	Full name of contributor Godinez, Sarai 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	(3)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 42/131 Rpt: 45/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor)	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 02/16/2024	Full name of contributor out-of-state PAC (ID#:_Gold, Mora 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	paner, cos and (cos menassions)		City of Austin	-,		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Gomez-Rivera, Alexander Brooks 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 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Gomez-Rivera, Alexander Brooks 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 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer 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 (CONTRIBUTION	V	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 43/131 Rpt: 46/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Gordon, Jennifer6 Contributor address; City; St	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	s)		
	Date 02/02/2024	Full name of contributor Gowe, Kathleen Contributor address; City; Si					Amount of Contribution (\$)	\$3.00
	Dringing Loggy	Austin, TX 78721	a		Employer (Coo Instructions	<u></u>		
	Medic Medic	pation / Job title (See Instructions	()		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor Gowe, Kathleen 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 02/02/2024	Full name of contributor Gregson, Jordan 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	s)		
	Date 02/16/2024	Full name of contributor Gregson, Jordan 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 CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 44/131 Rpt: 47/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Griffin, Bradley	-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 02/16/2024	Full name of contributor out-of Griffin, Bradley Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 02/02/2024	Full name of contributor out-of Griffith, Kimberly Contributor address; City; State; Zip C	-state 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 02/16/2024	Griffith, Kimberly	-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 02/02/2024	Grijalva, Corey	-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 CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 45/131 Rpt: 48/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor	(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 02/02/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor ut-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 02/02/2024	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	5)		
	Date 02/16/2024	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	5)		
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	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: 46/131 Rpt: 49/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor)	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 02/16/2024	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 02/02/2024	Full name of contributor out-of-state PAC (ID# Hair, Nathan 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 02/16/2024	Full name of contributor out-of-state PAC (ID: Hair, Nathan 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 02/02/2024	Full name of contributor out-of-state PAC (ID# Hairston, Christopher 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)		

	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: 47/131 Rpt: 50/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	Hairston, Christopher	tate 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	s)		
	Date 02/02/2024	Full name of contributor out-of-s Hamilton, Aaron 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	 s)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of-s Hamilton, Aaron 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 02/02/2024	Hanes, Rodney)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u> 5)		
	Date 02/16/2024	Full name of contributor out-of-s Hanes, Rodney Contributor address; City; State; Zip Co Austin, TX 78721	tate 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 hov	v to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 48/131 Rpt: 51/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Hanks, Kaden6 Contributor address; City; S	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	5)		
	Date 02/16/2024	Full name of contributor Hanks, Kaden Contributor address; City; S					Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	·/		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 02/02/2024	Full name of contributor Hargrave, Jeffrey 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 02/16/2024	Full name of contributor Hargrave, Jeffrey 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 02/02/2024	Full name of contributor Harner, Kevin Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (CONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 49/131 Rpt: 52/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Harner, Kevin6 Contributor address; City; St)	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 02/02/2024	Full name of contributor Hawthorne, Cole 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	2)	Employer (See Instructions	<u>=)</u>		
	Medic	pation / Job title (See Instructions)	City of Austin	>)		
	Date 02/16/2024	Full name of contributor Hawthorne, Cole 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 02/02/2024	Full name of contributor Hay, Keli Contributor address; City; St 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	5)		
	Date 02/16/2024	Full name of contributor Hay, Keli 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)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 50/131 Rpt: 53/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Full name of contributor			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 02/16/2024	Full name of contributor out-of-state PAC (ID Helgren, Dallas 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 02/02/2024	Full name of contributor out-of-state PAC (ID Hellein, Jacob 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 02/16/2024	Full name of contributor out-of-state PAC (ID Hellein, Jacob 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 02/02/2024	Full name of contributor out-of-state PAC (ID Hernandez, Hugo 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)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 51/131 Rpt: 54/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor)	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 02/02/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Г	Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra 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 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline 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 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline 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	CONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 52/131 Rpt: 55/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Hicks, Matthew6 Contributor address; City; St	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 02/16/2024	Full name of contributor Hicks, Matthew Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	9	Employer (See Instructions	=)		
	Medic	pation / Job title (See Instructions		City of Austin	·)		
	Date 02/02/2024	Full name of contributor Hindman, Justin Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor Hindman, Justin Contributor address; City; St 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 02/02/2024	Full name of contributor Hindman, Shelby Contributor address; City; St 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)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 53/131 Rpt: 56/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor	-)	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 02/02/2024	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 02/16/2024	Full name of contributor	C (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 02/02/2024	Full name of contributor out-of-state PAGE Howell, Joseph 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 02/16/2024	Full name of contributor out-of-state PAG Howell, Joseph 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)		
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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: 54/131 Rpt: 57/136	
2	FILER NAME Austin Travis	s County Emergency Medical Sei	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Full name of contributor Huitt, Andrew Contributor address; City; State			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 02/16/2024	Full name of contributor Huitt, Andrew Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor Jacobsen, Patrick Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor Jacobsen, Patrick Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u> 5)		
	Date 02/02/2024	Full name of contributor Jakubauskas, Eric Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$2.50
	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	rn	n.	1	Total pages Schedule A1: Sch: 55/131 Rpt: 58/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Jakubauskas, Eric6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 02/02/2024	Full name of contributor James, Jonathan Contributor address; City; S				•	Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	-/- 		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 02/16/2024	Full name of contributor James, Jonathan 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	s)		
	Date 02/02/2024	Full name of contributor Jensen, David 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)		
	Date 02/16/2024	Full name of contributor Jensen, David 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)		
			1					

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 56/131 Rpt: 59/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor out-of-state PAC (ID# Jimenez, Noah 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 02/16/2024	Full name of contributor out-of-state PAC (ID# Jimenez, Noah 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 02/02/2024	Full name of contributor	<u></u>)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID# Jimenez Unzueta, Marco 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 02/02/2024	Full name of contributor out-of-state PAC (ID# Johns, Edward 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 CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 57/131 Rpt: 60/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024		f-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 02/02/2024	Full name of contributor out-of Johnson, Andy Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Medic	pation 7 000 title (Oce mondono)		City of Austin	',		
	Date 02/16/2024	Full name of contributor out-of Johnson, Andy Contributor address; City; State; Zip C	f-state PAC (ID#: 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 02/02/2024	Junod, Joseph	-state PAC (ID#: Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of Junod, Joseph Contributor address; City; State; Zip C	f-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	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 58/131 Rpt: 61/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Kalinowski, Jonathan6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.40
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor Kalinowski, Jonathan Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.40
	Dringing Loggy	Austin, TX 78721			Employer (Coo Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	S)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor Kaminowitz, Robert 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	s)		
	Date 02/16/2024	Full name of contributor Kaminowitz, Robert 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 02/02/2024	Full name of contributor Kane, Mikel 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	(5)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 59/131 Rpt: 62/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state PAC Kane, Mikel 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	s)		
	Date 02/02/2024	Full name of contributor out-of-state PAC Keef, Sean 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 / oob title (oce mondellons)		City of Austin	٠,		
	Date 02/16/2024	Full name of contributor out-of-state PAC Keef, Sean 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 02/02/2024	Full name of contributor out-of-state PAC Kingsbury, Dillon 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 02/16/2024	Full name of contributor out-of-state PAC Kingsbury, Dillon 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 CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 60/131 Rpt: 63/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024		ate 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 02/16/2024	Kirmanidis, Andre	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 02/02/2024	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 02/16/2024	Knauer, Andrew)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 02/02/2024	Knight, Aaron	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 CONTRIE	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 61/131 Rpt: 64/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state	-		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 02/02/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor	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 02/02/2024	Full name of contributor out-of-state Koller, Steven 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 02/16/2024	Full name of contributor out-of-state Koller, Steven 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 how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 62/131 Rpt: 65/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Kownacki, Benjamin6 Contributor address; City; S	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 02/16/2024	Full name of contributor Kownacki, Benjamin Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Dringing Lagge	Austin, TX 78721	<u>.</u>		Faralayay (Can Instructions			
	Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor Kraemer, Ashley 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 02/16/2024	Full name of contributor Kraemer, Ashley 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 02/02/2024	Full name of contributor Krampitz, Casey Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 63/131 Rpt: 66/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	Krampitz, Casey	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 02/02/2024	Kraus, Stephen Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin			
	Date 02/16/2024	Full name of contributor out-of Kraus, Stephen Contributor address; City; State; Zip C	f-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 02/02/2024	Krycia, Noah	f-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 02/16/2024	Krycia, Noah	f-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 (CONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 64/131 Rpt: 67/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Kurtze, Benedict6 Contributor address; City; S	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 02/16/2024	Full name of contributor Kurtze, Benedict Contributor address; City; S				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)	Employer (See Instructions	e)		
	Medic	pation / Job title (See Instructions)	City of Austin	5)		
	Date 02/02/2024	Full name of contributor Lancaster, Eric Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor Lancaster, Eric Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	s)		
	Date 02/02/2024	Full name of contributor LeFan, Rebecca Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	(3)	Employer (See Instructions City of Austin	s)		
			-				

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 65/131 Rpt: 68/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state PAC LeFan, Rebecca Contributor address; City; State; 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 02/02/2024	Full name of contributor out-of-state PAC Leibin, Michael 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 02/16/2024	Full name of contributor out-of-state PAC Leibin, Michael 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 02/02/2024	Full name of contributor out-of-state PAC Lesley, Brian 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 02/16/2024	Full name of contributor out-of-state PAC Lesley, Brian 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 compl	lete this forr	m.	1	Total pages Schedule A1: Sch: 66/131 Rpt: 69/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-stall out-o)	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 02/16/2024	Lester, Christopher)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	pation 7 300 title (See instructions)		City of Austin	·)		
	Date 02/02/2024	Leyva, Andrew	ete PAC (ID#: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 02/16/2024	Leyva, Andrew)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out-of-state Lidster, Matthew Contributor address; City; State; Zip Code	ate 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	rr	n.	1	Total pages Schedule A1: Sch: 67/131 Rpt: 70/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Lidster, Matthew6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)	9	Employer (See Instructions City of Austin	s)		
	Date 02/02/2024	Full name of contributor Lindsay, Ross Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	.,		Employer (See Instructions	<u>''</u>		
	Medic	pation / Job title (See Instructions	5)		City of Austin	o)		
	Date 02/16/2024	Full name of contributor Lindsay, Ross Contributor address; City; S)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 02/02/2024	Full name of contributor Lines, Bradley Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor Lines, Bradley Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 68/131 Rpt: 71/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of Lopez, Cindy Contributor address; City; State; Zip C 			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 02/16/2024	Lopez, Cindy 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 02/02/2024	Full name of contributor out-of Lopez, Lindsay Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Lopez, Lindsay	-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 02/02/2024	Lopez, Ramon	-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	IS 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 69/131 Rpt: 72/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Lopez, Ramon6 Contributor address; City; S	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 02/02/2024	Full name of contributor Lozano Avila, Victor Contributor address; City; S				Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions	2)	Employer (See Instructions			
	Medic	pation 7 300 title (See Instructions	5)	City of Austin	5)		
	Date 02/16/2024	Full name of contributor Lozano Avila, Victor 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	s)		
	Date 02/02/2024	Full name of contributor Lydon, Cassandra Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	6)	Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor Lydon, Cassandra 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)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE	A1		
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 70/131 Rpt: 73/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (I Lynch, Brian 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 02/16/2024	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 02/02/2024	Full name of contributor out-of-state PAC (I Lyon, Natalie Contributor address; City; State; 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 02/16/2024	Full name of contributor out-of-state PAC (I Lyon, Natalie 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>I</u> S)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (I Malgieri, Anthony 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 CONTRIBU		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 71/131 Rpt: 74/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state PAC Malgieri, Anthony 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	5)		
	Date 02/02/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of-state PAC Mallon, Paul Contributor address; City; State; Zip Code	C (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 02/02/2024	Full name of contributor out-of-state PAC Malone, Jordan 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 02/16/2024	Full name of contributor out-of-state PAC Malone, Jordan 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 CONTRIBU		SCHEDULE	A1		
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 72/131 Rpt: 75/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 5 Full name of contributor	(ID#:		7	Amount of Contribution (\$)	\$3.00
_	Deire sin al access	Austin, TX 78721	- 10	Faralassa (Osas kastasatisas			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	passer, cos uso (coo messassio)		City of Austin	-,		
	Date 02/02/2024	Full name of contributor out-of-state PAC Mancias, Vivian 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 02/16/2024	Full name of contributor out-of-state PAC Mancias, Vivian 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 02/02/2024	Full name of contributor out-of-state PAC Martin, Denise 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)		
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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: 73/131 Rpt: 76/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Martin, Denise6 Contributor address; City; S	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 02/02/2024	Full name of contributor Martin, Noah Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code				Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 02/16/2024	Full name of contributor Martin, Noah 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	s)		
	Date 02/02/2024	Full name of contributor Martinez, Henry Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor Martinez, Henry 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 COI		SCHEDULE	A1		
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 74/131 Rpt: 77/136	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 5 Full name of contributor			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 02/16/2024	Mason, Bryan Contributor address; City; State; 2	out-of-state PAC (ID#:)		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 02/02/2024	Full name of contributor	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 02/16/2024	Full name of contributor Contributor Contributor address; City; State; 2 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)		
	Date 02/02/2024	Full name of contributor Gray, Alexandra 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)		
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	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 75/131 Rpt: 78/136	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor ou May, Alexandra6 Contributor address; City; State; Zip)	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 02/02/2024	Mayian, Jimma Contributor address; City; State; Zi	t-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 02/16/2024	Full name of contributor ou Mayian, Jimma Contributor address; City; State; Zi	t-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 02/02/2024	Full name of contributor ou McClelland, Sterling Contributor address; City; State; Zip 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	<u>(</u>		
	Date 02/16/2024	Full name of contributor ou McClelland, Sterling Contributor address; City; State; Zij 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)		
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	MONET	ARY POLITICAL CO		SCHEDULE	A1		
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 76/131 Rpt: 79/136	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor McDaniel, Michael 6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$9.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor McDaniel, Michael Contributor address; City; State	out-of-state PAC (ID#: e; 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 02/02/2024	Full name of contributor McGarry, Kenneth Contributor address; City; State	out-of-state PAC (ID#:e; 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 02/16/2024	Full name of contributor McGarry, Kenneth 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>		
	Date 02/02/2024	Full name of contributor McIntire, Morgan Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	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: 77/131 Rpt: 80/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor McIntire, Morgan6 Contributor address; City; S	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	s)		
	Date 02/02/2024	Full name of contributor McLaughlin, Kathleen Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Dringing Lagge	Austin, TX 78721	<u> </u>		Franklavar (Coo la structiona			
	Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor McLaughlin, Kathleen 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 02/02/2024	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 02/16/2024	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)		

	MONET	ARY POLITICAL (CONTRIBUTION	NS _	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	•	1	Total pages Schedule A1: Sch: 78/131 Rpt: 81/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Medina, Jonathan6 Contributor address; City; St	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	i)		
	Date 02/16/2024	Full name of contributor Medina, Jonathan Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions	.)		Employer (See Instructions	_		
	Medic	pation / Job title (See Instructions)		City of Austin	')		
	Date 02/02/2024	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	s)		Employer (See Instructions City of Austin	i)		
	Date 02/16/2024	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 02/02/2024	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	(3)		Employer (See Instructions City of Austin	()		
			1					

	MONET	ARY POLITICAL CONT		SCHEDULE	A1		
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 79/131 Rpt: 82/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	Mendez, Corey	-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 02/02/2024	Mestaz, Thomas Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of Mestaz, Thomas 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 02/02/2024	Miller, Matthew	-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 02/16/2024	Miller, Matthew	-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 CON		SCHEDULE	A1		
	The Instruc	ction Guide explains how to co	omplete this forr	m.	1	Total pages Schedule A1: Sch: 80/131 Rpt: 83/136	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Mireles, Guadalupe	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 02/16/2024	Full name of contributor out Mireles, Guadalupe Contributor address; City; State; Zip)		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 02/02/2024	Full name of contributor out Molinelli, Nicholas Contributor address; City; State; Zip	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 02/16/2024	Full name of contributor out Molinelli, Nicholas Contributor address; City; State; Zip Austin, TX 78721	-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 02/02/2024	Monson, Nancy	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 (S 		SCHEDULE	A1		
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 81/131 Rpt: 84/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Monson, Nancy6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction:	9		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor Moore, Garrett Contributor address; City; S					Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instruction:	2)		Employer (See Instructions			
	Medic	pation / Job title (See Instructions	5)		City of Austin)		
	Date 02/16/2024	Full name of contributor Moore, Garrett 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:	s)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor Morris, Kyle 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:	s)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor Morris, Kyle 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)		

	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: 82/131 Rpt: 85/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Morrison, Timothy6 Contributor address; City; St	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 02/16/2024	Full name of contributor Morrison, Timothy Contributor address; City; Si	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 / Job title (See Instructions)		City of Austin	·)		
	Date 02/02/2024	Full name of contributor Morton, Rebecca Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor Morton, Rebecca Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor Muniz, Brian Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	s)		

	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: 83/131 Rpt: 86/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-section out-of-section Muniz, Brian Contributor address; City; State; Zip Contributor)	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 02/02/2024	Murphy, Michelle Contributor address; City; State; Zip Co)		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 02/16/2024	Full name of contributor out-of- Murphy, Michelle 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 02/02/2024	Negron, Luis	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 02/16/2024	Negron, Luis	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	m.	1	Total pages Schedule A1: Sch: 84/131 Rpt: 87/136	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Nelson, William 6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	<u></u>				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i) 		
	Date 02/16/2024	Full name of contributor Nelson, William Contributor address; City; Stat				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 02/02/2024	Full name of contributor Nguyen, Christopher 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 02/16/2024	Full name of contributor Nguyen, Christopher 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)		
	Date 02/02/2024	Full name of contributor Noak, Darren Contributor address; City; State 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)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 85/131 Rpt: 88/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state PAG Noak, Darren 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 02/02/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 02/16/2024	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 02/02/2024	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)		
	Date 02/16/2024	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	s)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 86/131 Rpt: 89/136	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Nudelman, Lee6 Contributor address; City; Sta	out-of-state PAC (ID#:)	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	s)		
	Date 02/16/2024	Full name of contributor Nudelman, Lee Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	, <u> </u>	Employer (See Instructions	 - s)		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor Olivarez, Dominique 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 02/16/2024	Full name of contributor Olivarez, Dominique 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)		
	Date 02/02/2024	Full name of contributor Olivo, Nicholas Contributor address; City; Sta	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> S)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 87/131 Rpt: 90/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state PAC (ID Olivo, Nicholas 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 02/02/2024	Full name of contributor out-of-state PAC (IE Orr, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	 - S)		
	Medic	,		City of Austin	,		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID 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 02/02/2024	Full name of contributor out-of-state PAC (ID 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 02/16/2024	Full name of contributor out-of-state PAC (ID 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	s)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 88/131 Rpt: 91/136	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024		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 02/16/2024	Full name of contributor out- Pailes, Kenneth Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	panelly cos and (cos mendence)		City of Austin	,		
	Date 02/02/2024	Full name of contributor out- Palmer, Jacob Contributor address; City; State; Zip	of-state 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 02/16/2024	Full name of contributor out- Palmer, Jacob Contributor address; City; State; Zip Austin, TX 78721	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>		
	Date 02/02/2024	Full name of contributor out- Patterson, Roger Contributor address; City; State; Zip Austin, TX 78721	of-state PAC (ID#:			Amount of Contribution (\$)	\$4.50
	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 comple	te this for	n.	1	Total pages Schedule A1: Sch: 89/131 Rpt: 92/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state patterson, Roger Contributor address; City; State; Zip Code 			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 02/02/2024	Full name of contributor out-of-state 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	<u>s)</u>		
	Medic	pation / vob title (oce mondetions)		City of Austin	٠,		
	Date 02/16/2024	Full name of contributor	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 02/02/2024	Full name of contributor out-of-state 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 02/16/2024	Full name of contributor out-of-state 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)		
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	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 90/131 Rpt: 93/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor			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 02/16/2024	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)	T	Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 02/02/2024	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 02/16/2024	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 02/02/2024	Full name of contributor out-of-state PAC (ID# Plewacki, Thomas 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 CONTRIB	UTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 91/131 Rpt: 94/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor			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 02/02/2024	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 02/16/2024	Full name of contributor uut-of-state P/ Poss, Lauren 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 02/02/2024	Full name of contributor out-of-state PA 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 02/16/2024	Full name of contributor out-of-state PA Powell-Evans, Simon Contributor address; City; State; Zip Code Austin, TX 78721	AC (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	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 92/131 Rpt: 95/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor out-of-state PAC (ID# 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 02/16/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 02/02/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID# 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 02/02/2024	Full name of contributor out-of-state PAC (ID# 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	s)		

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 93/131 Rpt: 96/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state F out-of-	-)	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 02/02/2024	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 02/16/2024	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 02/02/2024	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> 5)		
	Date 02/16/2024	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	5)		
			•				

	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: 94/131 Rpt: 97/136	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Quiroz Mendez, Jesus	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 02/16/2024	Full name of contributor Quiroz Mendez, Jesus Contributor address; City; Sta				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor Rafferty, Zachary Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$13.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor Rafferty, Zachary Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$13.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 02/02/2024	Full name of contributor Ramos, Duane 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 C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 95/131 Rpt: 98/136	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Ramos, Duane 6 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	5)		
	Date 02/02/2024	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	 ;)		
	Medic	,		City of Austin	,		
	Date 02/16/2024	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 02/02/2024	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	5)		
	Date 02/16/2024	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)		
			•				

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 96/131 Rpt: 99/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PARattan, MaKena 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 02/16/2024	Full name of contributor out-of-state PAR 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	3)		
	Medic	panon y ooz and (coo menadione)		City of Austin	-,		
	Date 02/02/2024	Full name of contributor out-of-state PA Rawn, Madison 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 02/16/2024	Full name of contributor out-of-state PARawn, 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	<u> </u> 		
	Date 02/02/2024	Full name of contributor out-of-state PAReader, Robert 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)		
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	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 97/131 Rpt: 100/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor out-of-state PAC (ID#: Reader, Robert 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
_	Dringing Loggy	Austin, TX 78721	۱,	Employer (See Instructions			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor				Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Medic	pation 7 oob tale (occ mondetons)		City of Austin	,,		
	Date 02/16/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Reffell, Kelaiah 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 02/16/2024	Full name of contributor out-of-state PAC (ID#: Reffell, Kelaiah 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 (CONTRIBUTION	NS _	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 98/131 Rpt: 101/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	.		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Regier, Natalie6 Contributor address; City; St	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		imployer (See Instructions City of Austin)		
	Date 02/16/2024	Full name of contributor Regier, Natalie Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions			imployer (See Instructions)		
	Medic	pation / 300 title (See matactions	"		City of Austin	,		
	Date 02/02/2024	Full name of contributor Reilly, Susanna 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)		mployer (See Instructions City of Austin)		
	Date 02/16/2024	Full name of contributor Reilly, Susanna 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)		imployer (See Instructions City of Austin)		
	Date 02/02/2024	Full name of contributor Reyes, Christopher 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)		imployer (See Instructions City of Austin)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS .		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 99/131 Rpt: 102/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state PA Reyes, Christopher Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_	Daine in a language	Austin, TX 78721	- 10	Foundation (October to the street)			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic	,		City of Austin	-,		
	Date 02/16/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out-of-state PA 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 02/16/2024	Full name of contributor out-of-state PA 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)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 100/131 Rpt: 103/136	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Risinger, Russell	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
0	Principal occu	Austin, TX 78721	la la	Employer (See Instructions	.)		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	·)		
	Date 02/16/2024	Full name of contributor out Risinger, Russell Contributor address; City; State; Zip	t-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	paner, cos uno (coo monacuono)		City of Austin	,		
	Date 02/02/2024	Full name of contributor out Rivera, Nathaniel Contributor address; City; State; Zip	t-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 02/16/2024	Full name of contributor out Rivera, Nathaniel Contributor address; City; State; Zip 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	i)		
	Date 02/02/2024	Full name of contributor out Rodgers, Jared Contributor address; City; State; Zip Austin, TX 78721	t-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>		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 101/131 Rpt: 104/136	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	Rodgers, Jared	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.50
_	Dringing Loon	Austin, TX 78721	lo.	Employer (Coo Instructions			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out Rodriguez, Andrew Contributor address; City; State; Zip	t-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 02/16/2024	Full name of contributor out Rodriguez, Andrew Contributor address; City; State; Zip	t-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 02/02/2024	Full name of contributor out Rodriguez, Giovanni Contributor address; City; State; Zip Austin, TX 78721	or-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 02/16/2024	Full name of contributor out Rodriguez, Giovanni Contributor address; City; State; Zip 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)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 102/131 Rpt: 105/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.30
_	Deinsinal	Austin, TX 78721	la la	Frankrije (Ozakaziona)			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor out-of-state Rogers, Wesley Contributor address; City; State; Zip Code	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 02/16/2024	Rogers, Wesley	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out-of-state Romo, Jodeci 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 CONTRIB	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form	n.	1	Total pages Schedule A1: Sch: 103/131 Rpt: 106/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	Deireitaal	Austin, TX 78721	la la	Foundation (October the street)			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor	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 02/02/2024	Full name of contributor out-of-state P/ 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	5)		
	Date 02/16/2024	Full name of contributor out-of-state Particle Question and Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:		•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	NS			SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.		1	Total pages Schedule A1: Sch: 104/131 Rpt: 107/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	;		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Salmeron, Alejandro6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		oyer (See Instructions of Austin	s)		
	Date 02/16/2024	Full name of contributor Salmeron, Alejandro Contributor address; City; Si	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)	Emplo	oyer (See Instructions	 s)		
	Medic	(000	,		of Austin	-,		
	Date 02/02/2024	Full name of contributor Sandoval Ruano, Edward Contributor address; City; Si)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		oyer (See Instructions of Austin	5)		
	Date 02/16/2024	Full name of contributor Sandoval Ruano, Edward Contributor address; City; St Austin, TX 78721					Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		oyer (See Instructions of Austin	5)		
	Date 02/02/2024	Full name of contributor Santiago, Sabrina 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)		oyer (See Instructions of Austin	5)		
			1					

	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: 105/131 Rpt: 108/136	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor Santiago, Sabrina6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$3.00
_	Dringing Loon	Austin, TX 78721	lo.	Employer (Coo Instructions			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin)		
	Date 02/02/2024	Full name of contributor Scamman, Alexis 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	()		
	Medic	panon / cos ano (coe mondono)		City of Austin	,		
	Date 02/16/2024	Full name of contributor Scamman, Alexis 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 02/02/2024	Full name of contributor Schickel, Matthew Contributor address; City; State 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 02/16/2024	Full name of contributor Schickel, Matthew 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	<u>;</u>)		
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	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 106/131 Rpt: 109/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor out-of-state PAC (II Schulz, Douglas 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.30
_	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 02/16/2024	Full name of contributor out-of-state PAC (I Schulz, Douglas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	, , , ,		City of Austin			
	Date 02/02/2024	Full name of contributor out-of-state PAC (I Schutt, Kyle Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (II Schutt, Kyle 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 02/02/2024	Full name of contributor out-of-state PAC (II Scott, 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)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 107/131 Rpt: 110/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1_		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID# Sedillo, Gabriel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	$\overline{\mathbf{T}}$	Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 02/16/2024	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 02/02/2024	Full name of contributor out-of-state PAC (ID# Shelton-Collins, Marcus 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 02/16/2024	Full name of contributor out-of-state PAC (ID# Shelton-Collins, Marcus 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 (CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 108/131 Rpt: 111/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Sircher, Christopher6 Contributor address; City; S	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	s) <u> </u>	9	Employer (See Instructions City of Austin	s)		
	Date 02/16/2024	Full name of contributor Sircher, Christopher Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	-, 		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 02/02/2024	Full name of contributor Sklar, Estelle 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 02/16/2024	Full name of contributor Sklar, Estelle 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)		
	Date 02/02/2024	Full name of contributor Slattery, Christian 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 CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 109/131 Rpt: 112/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	la la	Employer (See Instructions	", 		
<u> </u>	Medic Medic	pation / Job title (See Instructions)		City of Austin	·)		
	Date 02/02/2024	Full name of contributor)		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 02/16/2024	Full name of contributor	(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 02/02/2024	Full name of contributor out-of-state PAC Smith, 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	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC Smith, 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)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 110/131 Rpt: 113/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC	3	Filer ID (Ethics Commission F 00053202	-ilers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (ID#: Smith, Joshua Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$3.00
_	Duinning Langu	Austin, TX 78721	S. Frankrika (Cook Instructions			
8	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u></u>		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Joshua 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 02/02/2024	Full name of contributor out-of-state PAC (ID#:_Soto, Darae 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 02/16/2024	Full name of contributor out-of-state PAC (ID#: Soto, Darae 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	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_Stec, Ryan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 111/131 Rpt: 114/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 5 Full name of contributor out-of- Stec, Ryan 6 Contributor address; City; State; Zip C)	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 02/02/2024	Full name of contributor out-of- Stedman, Christina Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 02/16/2024	Full name of contributor out-of- Stedman, Christina Contributor address; City; State; Zip C	estate 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 02/02/2024	Stephens, Eric	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Stephens, Eric	ode)		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 Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 112/131 Rpt: 115/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor out-of-state PAC (Stevens, Mitchell 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_	Dringing Loon	Austin, TX 78721	- 10	Employer (See Instructions	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	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 02/02/2024	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 02/16/2024	Full name of contributor out-of-state PAC (Stowe, Richard 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 02/02/2024	Full name of contributor out-of-state PAC (Stubbs, Brian 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)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 113/131 Rpt: 116/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state PAC Stubbs, Brian Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2.50
_		Austin, TX 78721	-		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	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 02/16/2024	Full name of contributor out-of-state PAC Swanner, Emily 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 02/02/2024	Full name of contributor out-of-state PAC Swem, 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 02/16/2024	Full name of contributor out-of-state PAC Swem, 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)		
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	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: 114/131 Rpt: 117/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 5 Full name of contributor out-of-state PAC (IDa Swift, Patrick 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	5)		
	Date 02/16/2024	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> 5)		
	Medic			City of Austin			
	Date 02/02/2024	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 02/16/2024	Full name of contributor out-of-state PAC (IData) 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 02/02/2024	Full name of contributor out-of-state PAC (ID: Tarrillion, Matthew 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)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 115/131 Rpt: 118/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$5.00
_	Daine in a la casa	Austin, TX 78721	- Ia	Fundament (Construction	<u></u>		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Tekamp, Austin Contributor address; City; State; Zip C	-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 02/16/2024	Full name of contributor out-of Tekamp, Austin 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 02/02/2024	Thomas, Jonathan	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor out-of Thomas, Jonathan Contributor address; City; State; Zip C	-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 Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 116/131 Rpt: 119/136	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	Full name of contributor Thomas, Patrick Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$2.00
_	Daine in a language	Austin, TX 78721	lo.	Farada e a (Carada de Araba de Carada de Carad			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	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	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 02/02/2024	Full name of contributor Thompson, Garner Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	Full name of contributor Thompson, Garner Contributor address; City; Sta	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)		
	Date 02/02/2024	Full name of contributor Thornton, Nichole Contributor address; City; Sta	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)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 117/131 Rpt: 120/136	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor)	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 02/02/2024	Thornton, Sarah Contributor address; City; State; Zip	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 02/16/2024	Full name of contributor	of-state PAC (ID#: 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 02/02/2024	Todd, Joshua	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> 5)		
	Date 02/16/2024	Todd, Joshua	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	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 Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 118/131 Rpt: 121/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	iployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	Dein ein al. a a a	Austin, TX 78721	la la	Farada a a (Carada a tractica a			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/16/2024	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	<u> </u> 5)		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor out-of-state Toole, Kaytlyn 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 02/16/2024	Toole, Kaytlyn				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u> 5)		
	Date 02/02/2024	Torres, Gil	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 CONTRIB	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 119/131 Rpt: 122/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor out-of-state P Torres, Gil Contributor address; City; State; 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 02/02/2024	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> 5)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of-state P 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	<u>I</u> S)		
	Date 02/02/2024	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 02/16/2024	Full name of contributor out-of-state P 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	s)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 120/131 Rpt: 123/136	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor o			7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721	lo-	Faralousy (Co.s. Instructions			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin)		
	Date 02/16/2024	Trivedi, Hersh Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medic	Full name of contributor \square o		City of Austin		A (O 'I ' . (D)	
	Date 02/02/2024	Van Treese, Taylor 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 02/16/2024	Full name of contributor ovan Treese, Taylor 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)		
	Date 02/02/2024	Full name of contributor ovanZandt, Donovan Contributor address; City; State; Z	ut-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>				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 121/131 Rpt: 124/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor out-of-state PAC (I VanZandt, Donovan 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$5.00
_	Deireitade	Austin, TX 78721	- 10	Fundament (Construction			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin			
	Date 02/02/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic	, , , , , , , , , , , , , , , , , , , ,		City of Austin			
	Date 02/16/2024	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 02/02/2024	Full name of contributor out-of-state PAC (I Veasna, Renayuddh 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 02/16/2024	Full name of contributor out-of-state PAC (I Veasna, Renayuddh Contributor address; City; State; Zip Code Austin, TX 78721	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 (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 122/131 Rpt: 125/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Villalobos, Ana6 Contributor address; City; S	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 02/16/2024	Full name of contributor Villalobos, Ana Contributor address; City; S				•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721			Employer (See Instructions	<u>''</u>		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 02/02/2024	Full name of contributor Voelker, Jaime 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	s)		
	Date 02/16/2024	Full name of contributor Voelker, Jaime 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)		
	Date 02/02/2024	Full name of contributor Wadham, Gary Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instruction:	5)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 123/131 Rpt: 126/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor)	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 02/02/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: Ward, Christopher 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 02/02/2024	Full name of contributor out-of-state PAC (ID#: Watanabe-O'Toole, Nicholas 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 02/16/2024	Full name of contributor out-of-state PAC (ID#: Watanabe-O'Toole, Nicholas 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 CONTRIBU	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 124/131 Rpt: 127/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	Dein ein al. a a a	Austin, TX 78721	- la	Foundation (Construction			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 02/16/2024	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 02/02/2024	Full name of contributor out-of-state PA Weil, Skyler 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 02/16/2024	Full name of contributor out-of-state PA 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 02/02/2024	Full name of contributor out-of-state PA Weldon, Tyler 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 CONTRIB	UTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 125/131 Rpt: 128/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.50
_		Austin, TX 78721	la la	5 1 (0 1 1 1	_		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out-of-state Pa Welkley, Justin 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	S)		
	Date 02/02/2024	Full name of contributor out-of-state PA Wesen, Hunter 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 02/16/2024	Full name of contributor out-of-state Pa Wesen, Hunter 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 CONTRIBU	JTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 126/131 Rpt: 129/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor			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 02/16/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 02/02/2024	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	S)		
	Date 02/16/2024	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	5)		
	Date 02/02/2024	Full name of contributor out-of-state PA White, Anna 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 (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 127/131 Rpt: 130/136	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	5 Full name of contributor White, Anna6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)	9	Employer (See Instructions City of Austin	s)		
	Date 02/02/2024	Full name of contributor White, Stephen Contributor address; City; S)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 02/16/2024	Full name of contributor White, Stephen Contributor address; City; S)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 02/02/2024	Full name of contributor Wiggin, Stuart 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	<u>(</u>		
	Date 02/16/2024	Full name of contributor Wiggin, Stuart 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)		

	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: 128/131 Rpt: 131/136	
2	FILER NAME Austin Travis	s County Emergency Medical Sei	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	5 Full name of contributor Wijayang, Cecilia6 Contributor address; City; State	out-of-state PAC (ID#:;		7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721		5 1 (0 1 i ii			
8	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 02/16/2024	Full name of contributor Wijayang, Cecilia 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)		
	Medic	,		City of Austin	•		
	Date 02/02/2024	Full name of contributor Williams, Dennis Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 02/16/2024	Full name of contributor Williams, Dennis Contributor address; City; State Austin, TX 78721	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)		
	Date 02/02/2024	Full name of contributor Winters, John Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 129/131 Rpt: 132/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 Full name of contributor)	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 02/02/2024	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 02/16/2024	Full name of contributor out-of-state PAG Wittstadt, Erik 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 02/02/2024	Full name of contributor out-of-state PAG Wright, Courtney 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 02/16/2024	Full name of contributor out-of-state PAC Wright, Courtney 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 CONTRIBUTION	NC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 130/131 Rpt: 133/136	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (ID#: Wyche, Tyson Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	1-	5 1 (0 1 1 1			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin			
	Date 02/16/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Ī	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Xie, Selena 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 02/16/2024	Full name of contributor out-of-state PAC (ID#: Xie, Selena 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> 5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Yankiver, Lizabeth 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	s)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 131/131 Rpt: 134/136	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/16/2024	 5 Full name of contributor out Yankiver, Lizabeth 6 Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$5.00
_	Deignigal	Austin, TX 78721	To.	Franks or (Cool looks only			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Yarbrough, James Contributor address; City; State; Zip	-of-state PAC (ID#:) Code)		Amount of Contribution (\$)	\$4.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 02/16/2024	Full name of contributor out Yarbrough, James Contributor address; City; State; Zip	-of-state PAC (ID#: o Code			Amount of Contribution (\$)	\$4.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 02/02/2024	Full name of contributor out Yasui, Benjamin Contributor address; City; State; Zip Austin, TX 78721	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 02/16/2024	Full name of contributor out Yasui, Benjamin Contributor address; City; State; Zip Austin, TX 78721	-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains how to c	omplete this f	orm.		ges Schedule E: 1 Rpt: 135/136	
	FILER NAME Austin Travis Co	ounty Emergency Medical Servic	es Employee P	AC	3 Filer ID (Ethics Commis 00053202		
4	TOTAL OF UN	IITEMIZED LOANS			I	\$ 0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruc	ctions)		
14	Description of Coll	ateral		15 Check if personal fund	d into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on .		21 Employer (See Instruc	ctions)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commi	ssion Filers)
Sch: 1/1 Rpt: 136/136		33.3
4 Date	5 Payee name	
02/02/2024	City of Austin	
6 Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>
\$32.80	15 Waller Ave	
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 fee	
	i ayron ice	
O Commission ONLY if dispose	Condidate/Officeholder nome Office country	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	·	
Date	Payee name	
02/16/2024	City of Austin	
Amount (\$)	Payee address; City; State; Zip Code	
\$32.70	15 Waller Ave	
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		
EXPENDITURE	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense Payroll fee	
	Payroll fee	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
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Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
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Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct	Payroll fee Candidate/Officeholder name Office sought Office held	