#### 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) 139 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 03/28/2024 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 X April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024

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Version V3.5.1.5b35d027

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer		(Ethics Commission Filers)
Austin Travis County E	mergency Medical Serv	vices Employee I	PAC	0005	3202	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2 Manguros	A. Supported				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
L5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEE MADE ELECTRON	ICALLY)		\$	0.00
	2. TOTAL POLITICA				\$	1 072 00
	(OTHER THAN PLEI	DGES, LOANS, O	R GUARANTEES OF LOANS)			1,972.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXP	ENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITUR	RES		\$	66.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING		MAINTAINED AS OF THE LA	ST DAY	\$	85,761.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		OUTSTANDING LOANS AS C	OF THE	\$	0.00
L6 AFFIDAVIT	<u> </u>					
		true	vear, or affirm, under penalty of e and correct and includes all in ler Title 15, Election Code.	f perjury, tha nformation re	at the ac equired	ccompanying report is to be reported by me
			Ms.	Selena Xie	Э	
			Signature of	Campaign T	Freasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	hefore me by the said			this the		day
	_, 20, to certify \			_,		
Signature of officer ad	ministering oath	Printed name of o	fficer administering oath	Title	of office	er administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				3 of 139
17 COMMIT	FEE NAME	18 Filer ID	(Ethics Co	mmission Filers)
	ravis County Emergency Medical Services Employee PAC	00053202		
	LE SUBTOTALS F SCHEDULE		SUBT	FOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,972.08
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	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	S	\$	66.60
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 CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/134 Rpt: 4/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Adams, William  6 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Adams, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Adcock, Brandon 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Adcock, Brandon  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Aguilar, Ricardo  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/134 Rpt: 5/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Albear, Oscar 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	paner, cos ano (cos menastro)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Albear, Oscar 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	)		
	Date 03/01/2024	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	)		
	Date 03/15/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/134 Rpt: 6/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_Almaguer, Luis 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Almaguer, Luis  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Almodovar, Alejandra 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Almodovar, Alejandra  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Anderson, Scott  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/134 Rpt: 7/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Anderson, Scott  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Anthon, McKenna  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	pation 7 sob title (see instructions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Anthon, McKenna Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Armas, David  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Armas, David  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	TARY POLITICAL CONTRIBUTION	)NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/134 Rpt: 8/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission F 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Armstrong, Charles 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	1 =	L		
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	s) 		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Armstrong, Charles  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	=) 		
	Medic		City of Austin	" 		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Arocha-Guerra, Val Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s) 		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Arocha-Guerra, Val  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Aubin, Scott  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		

	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: 6/134 Rpt: 9/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/01/2024	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 03/15/2024	Full name of contributor  ut-of-state PAC Aune, Joseph 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 03/01/2024	Full name of contributor out-of-state PAC Avila, America Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 03/15/2024	Full name of contributor out-of-state PAC Avila, America Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/134 Rpt: 10/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Azelton, Andrew  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Azelton, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See instructions)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Bailey, Charles 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Bailey, Charles  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Bailey, James  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 8/134 Rpt: 11/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Bailey, James</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
	Di steel aan	Austin, TX 78721	To To the second	_		
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s) 		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Alexander  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (Coo Instructions			
	Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin			
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Alexander  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Amanda  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Baker, Amanda Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	upation / 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 f	orm.	1	Total pages Schedule A1: Sch: 9/134 Rpt: 12/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Baker, Coty  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Baker, Coty Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	, ,	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Balboa, Adam 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Barch-Chandler, Travis  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/134 Rpt: 13/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Barnhart, Jennifer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deignaignal annu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Barnhart, Jennifer 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Barr, Jaelithe  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Barr, Jaelithe  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/134 Rpt: 14/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_Bauhs, Isabel  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)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Bean, Rose 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 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Bean, Rose Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Beaver, Camille Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Beaver, Camille Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 12/134 Rpt: 15/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	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 03/01/2024	Full name of contributor	C (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC 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>I</u> S)		
	Date 03/01/2024	Full name of contributor out-of-state PAC Bess, Luke 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)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/134 Rpt: 16/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Bess, Luke 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Black, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Black, Jessica Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Blais, Braden  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Blais, Braden  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	TARY POLITICAL CONTRIBUTION	)NS		SCHEDULE	: <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/134 Rpt: 17/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Blume, Michael</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
Ļ		Austin, TX 78721	1	L		
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	;)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Blume, Michael Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Medic		City of Austin	<i>'</i>		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, William  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	,) 		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, William  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Braunstein, Spencer  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/134 Rpt: 18/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_Brazelton, Reese 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Brazelton, Reese Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Deignaignal annu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Brindley, Jordan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Brindley, 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Brunson, Savannah 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/134 Rpt: 19/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Brunson, Savannah  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Bumpus, Ross Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	panent cos and (cos men actions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Bumpus, Ross Contributor address; City; State; 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 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Burgoyne, James  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Burgoyne, James 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/134 Rpt: 20/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cabrera, Ryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dein sin al a ser	Austin, TX 78721	Faralassa (Caralassa trastica)			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cain, Christopher 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Cain, Christopher  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Carter, Emma 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/134 Rpt: 21/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cartmill, Andres Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions	_		
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	•)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cartmill, Andres 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	i)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cavarretta, James 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cavarretta, James 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>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/134 Rpt: 22/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cendejas, Jacqueline Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cheeks, Shedrick 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/134 Rpt: 23/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Cheeks, Shedrick 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Chester, Hannah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Chester, Hannah 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Chhabra, Ranjit 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Chhabra, Ranjit 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	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 21/134 Rpt: 24/139	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul><li>5 Full name of contributor Ciampaglio, Anthony</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	Full name of contributor Ciampaglio, Anthony Contributor address; City; Sta		)		Amount of Contribution (\$)	\$3.00
	Principal occur	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	-) 		
	Medic	pation / 300 title (See Instituctions)		City of Austin	>)		
	Date 03/01/2024	Full name of contributor Ciminera, Joseph Contributor address; City; Sta	out-of-state PAC (ID#: atte; 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 03/15/2024	Full name of contributor Ciminera, Joseph Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> S)		
	Date 03/01/2024	Full name of contributor Clark, Rajiv Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/134 Rpt: 25/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Clark, Rajiv  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	i)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Clark, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Clark, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis 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 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis 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	()		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 23/134 Rpt: 26/139	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul><li>5 Full name of contributor Cole, Jason</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	1				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 03/15/2024	Full name of contributor  Cole, Jason  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occur	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Medic	pation / oob title (occ mandellons)		City of Austin	')		
	Date 03/01/2024	Full name of contributor  Coleman, James  Contributor address; City; Stat	out-of-state PAC (ID#:e; 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 03/15/2024	Full name of contributor  Coleman, James  Contributor address; City; Stat  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	<u> </u>		
	Date 03/01/2024	Full name of contributor  Cooper, Matthew  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	<u>.</u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/134 Rpt: 27/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Cooper, Matthew 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cornwall, Angela 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 Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cornwall, Angela 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Costantino, 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Costantino, 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/134 Rpt: 28/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Crock, Clairissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Crouch, Jordan Contributor address; City; State; 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 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Crouch, Jordan 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Crouch, William 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/134 Rpt: 29/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Crouch, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cruz Zarate, Hector Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinsinal assu	Austin, TX 78721	Faralousy (Coolingtoustings)			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cruz Zarate, Hector 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/134 Rpt: 30/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Damron, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.27
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Damron, 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	)		
	Medic	pation 7 oob title (oce monucions)	City of Austin			
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/134 Rpt: 31/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ DeLong, Jonathan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Deignaignal annu	Austin, TX 78721	Faralous (Cool lastructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: DeLong, Jonathan 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Dean-Masse, Dustin  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Dean-Masse, Dustin  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/134 Rpt: 32/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Derion, Sarah  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah 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	parent for the (ever measure)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Dionizio, James Contributor address; City; State; 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 03/15/2024	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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.70
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/134 Rpt: 33/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria  6 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.50
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Draper, 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Draper, 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	)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 31/134 Rpt: 34/139	
2	FILER NAME Austin Travis	County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	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 03/01/2024	Full name of contributor out-of-state P/Durham, David  Contributor address; City; State; Zip Code	AC (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 03/15/2024	Full name of contributor out-of-state PADurham, David  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 03/01/2024	Full name of contributor out-of-state PA Echevarria, Edgardo  Contributor address; City; State; Zip Code  Austin, TX 78721	AC (ID#:	)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/134 Rpt: 35/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Eeten, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	<i>)</i>		
	Date 03/15/2024	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	)		
	Date 03/01/2024	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	)		
	Date 03/15/2024	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	)		

	MONET	TARY POLITICAL CONTRIBUTION	)NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 33/134 Rpt: 36/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa		3	Filer ID (Ethics Commission F 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Elbel, Amber  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1	Ĺ		
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	;) 		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Elbel, Amber  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
_	Principal occi	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	=) 		
	Medic Medic	pation / 300 title (See instructions)	City of Austin	·)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Elizardo, Daniel  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	s) 		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Elizardo, Daniel  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	3)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$4.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	<u>1                                    </u>		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 34/134 Rpt: 37/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P		3	Filer ID (Ethics Commission F 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Emmick, Christopher</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78721				
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	;)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.30
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic	,	City of Austin			
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.30
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	;)		
	Date 03/01/2024	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	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	;)		
	Date 03/15/2024	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	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/134 Rpt: 38/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>	)	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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Ferguson, Thomas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Fernandez, Eric 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Fernandez, Eric  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Figueroa, Joshua  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/134 Rpt: 39/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Finch, Walter Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Finch, Walter Contributor address; City; State; 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 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Fitzpatrick, Bryan 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Fitzpatrick, Bryan 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/134 Rpt: 40/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_Flanagan, Rilie 6 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Flanagan, Rilie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Flores, Raul 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Flores, Robert  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/134 Rpt: 41/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>5 Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Flores, Tiana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	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	)		
	Date 03/01/2024	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	)		
	Date 03/15/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/134 Rpt: 42/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gallio, Riane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Garcia, Bianca 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Gardner, Dale  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/134 Rpt: 43/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_Gardner, Dale 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Garrett, Christina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Garrett, Christina 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Garza Saldivar, Daryana  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Garza Saldivar, Daryana 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	)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 41/134 Rpt: 44/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721			L		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC Gastelum, Aaron Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	pation 7 oob title (occ motivations)		City of Austin	٠,		
	Date 03/01/2024	Full name of contributor	C (ID#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor out-of-state PAC Gold, Mora 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 03/15/2024	Full name of contributor out-of-state PAC Gold, Mora 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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/134 Rpt: 45/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Gomez-Rivera, Alexander Brooks  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gomez-Rivera, Alexander Brooks Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	paner, cos ano (cos menastro)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; 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 03/15/2024	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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Gowe, Kathleen  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/134 Rpt: 46/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Gregson, Jordan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gregson, Jordan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Griffin, Bradley  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Griffin, Bradley 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	)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 44/134 Rpt: 47/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>	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 03/15/2024	Full name of contributor out-of-state Griffith, Kimberly 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 03/01/2024	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 03/15/2024	Grijalva, Corey	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor out-of-state Hadas, Brian Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 45/134 Rpt: 48/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of- Hadas, Brian</li> <li>Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor</li> </ul>			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Hadden, Justin  Contributor address; City; State; Zip Co	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 03/15/2024	Full name of contributor out-of-Hadden, Justin  Contributor address; City; State; Zip Co	state PAC (ID#:  ode			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Haggarty, Timothy	state PAC (ID#: ode			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 03/15/2024	Full name of contributor out-of-Haggarty, Timothy  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTION	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 46/134 Rpt: 49/139	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul><li>5 Full name of contributor Hair, Nathan</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	Full name of contributor Hair, Nathan Contributor address; City; S			)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)		Employer (See Instructions	 ;)		
	Medic				City of Austin			
	Date 03/01/2024	Full name of contributor Hairston, Christopher 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 03/15/2024	Full name of contributor Hairston, Christopher Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 03/01/2024	Full name of contributor Hamilton, Aaron 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	<b>.</b> (s)		

	MONET	TARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 47/134 Rpt: 50/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission F 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Hamilton, Aaron</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$3.00
Ļ		Austin, TX 78721		L		
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	;)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hanes, Rodney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	=) 		
	Medic	pullott 7 deb title (dee mandeleste)	City of Austin	'' 		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Hanes, Rodney  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Hanks, Kaden  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Hanks, Kaden  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 48/134 Rpt: 51/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	/ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor  out-of-state PAC Hargrave, Jeffrey</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	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 03/01/2024	Full name of contributor out-of-state PAC Harner, Kevin Contributor address; City; State; Zip Code	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 03/15/2024	Full name of contributor out-of-state PAC Harner, Kevin 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 03/01/2024	Full name of contributor out-of-state PAC Hawthorne, Cole Contributor address; City; State; Zip Code  Austin, TX 78721	C (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			l				

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 49/134 Rpt: 52/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state F</li> <li>Hawthorne, Cole</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	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 03/15/2024	Full name of contributor out-of-state F Hay, Keli 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 03/01/2024	Full name of contributor out-of-state F Helgren, Dallas Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 03/15/2024	Full name of contributor out-of-state F Helgren, Dallas 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	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/134 Rpt: 53/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation 7 300 title (See instructions)	City of Austin	')		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Hugo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/15/2024	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	()		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/134 Rpt: 54/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Hernandez Arias, Alejandra</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hicks, 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Hicks, 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/134 Rpt: 55/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Hindman, Justin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hindman, Shelby Contributor address; City; State; 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 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Hindman, Shelby  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Holland, Travis  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/134 Rpt: 56/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Holland, Travis</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Howell, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Howell, Joseph 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Huitt, Andrew Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Huitt, Andrew Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	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: 54/134 Rpt: 57/139	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor  Jackson, Bryan  6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$3.00
_	Deireitad	Austin, TX 78721	To-	Faralas as (Cara la desartia a			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor  Jacobsen, Patrick  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 03/15/2024	Full name of contributor  Jacobsen, Patrick  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	)		
	Date 03/01/2024	Full name of contributor  Jakubauskas, Eric  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	i)		
	Date 03/15/2024	Full name of contributor Jakubauskas, Eric 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	()		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/134 Rpt: 58/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ James, Jonathan 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: James, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deignaignal annu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#: Jensen, David 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Jensen, David Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Jimenez, Noah 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/134 Rpt: 59/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Jimenez Unzueta, Marco  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Faralous (Cool la structions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: Jimenez Unzueta, Marco 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	)		
	Date 03/01/2024	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	)		
	Date 03/15/2024	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	)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 57/134 Rpt: 60/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor  out-of-state  Johnson, Andy</li> <li>Contributor address; City; State; Zip Code</li> </ul>	te 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 03/15/2024	Johnson, Andy		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 S)		
	Medic	(,		City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state Junod, Joseph Contributor address; City; State; Zip Code	te PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Junod, Joseph			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 03/01/2024	Full name of contributor out-of-state Kalinowski, Jonathan Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$1.40
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 58/134 Rpt: 61/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Kalinowski, Jonathan  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.40
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Kaminowitz, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kaminowitz, Robert 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 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Kane, Mikel  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kane, Mikel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/134 Rpt: 62/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Keef, Sean</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Keef, Sean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kelly, Nolan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.27
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/134 Rpt: 63/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Kirmanidis, Andre  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	•)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Knauer, Andrew 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	i)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Knauer, Andrew  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Knight, Aaron 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	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 61/134 Rpt: 64/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Koller, Joel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deignainal agai	Austin, TX 78721	Faralousy (Co.) In the estimation			
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Koller, Joel 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Koller, Steven  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 62/134 Rpt: 65/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Kownacki, Benjamin</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kownacki, Benjamin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Kraemer, Ashley 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kraemer, Ashley  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Krampitz, Casey Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this forr	m.	1	Total pages Schedule A1: Sch: 63/134 Rpt: 66/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-s         Krampitz, Casey</li> <li>Contributor address; City; State; Zip Co</li> </ul>	tate 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 03/01/2024	Kraus, Stephen  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 03/15/2024	Full name of contributor out-of-s Kraus, Stephen 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 03/01/2024	Krycia, Noah		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 03/15/2024	Krycia, Noah	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 64/134 Rpt: 67/139	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	Kurtze, Benedict	t-of-state PAC (ID#: p 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 03/15/2024	Full name of contributor ou Nurtze, Benedict Contributor address; City; State; Zip	t-of-state PAC (ID#: p 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 03/15/2024	Full name of contributor ou Lamoureux, Nicholas 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 03/01/2024	Full name of contributor ou Lancaster, Eric Contributor address; City; State; Zij Austin, TX 78721	p Code	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor ou Lancaster, Eric Contributor address; City; State; Zij 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	)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 65/134 Rpt: 68/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor	)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ LeFan, Rebecca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Leibin, Michael 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Leibin, Michael  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 66/134 Rpt: 69/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Lesley, Brian 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Lester, Christopher Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Lester, Christopher Contributor address; City; State; 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 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Leyva, Andrew  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Leyva, Andrew 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	)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 67/134 Rpt: 70/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor  out-of-state PAC Lidster, Matthew</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	Full name of contributor out-of-state PAC Lidster, Matthew 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 03/01/2024	Full name of contributor out-of-state PAC Lindsay, Ross 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 03/15/2024	Full name of contributor out-of-state PAC Lindsay, Ross 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 03/01/2024	Full name of contributor out-of-state PAC Lines, Bradley  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/134 Rpt: 71/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Lines, Bradley  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Lopez, Cindy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 Job title (See Instructions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Lopez, Cindy 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Lindsay  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Lindsay  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 69/134 Rpt: 72/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Lopez, Ramon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deignainal agai	Austin, TX 78721	Faralousy (Co.) In the estimation			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Lozano Avila, Victor 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 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Lozano Avila, Victor  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	()		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Lydon, Cassandra 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	()		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/134 Rpt: 73/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Lynch, Brian 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 Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Lynch, Brian 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_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	)		

	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: 71/134 Rpt: 74/139	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul><li>5 Full name of contributor Malgieri, Anthony</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) 9		Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	Full name of contributor Malgieri, Anthony Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721			Employer (See Instructions	·/		
	Medic	pation / Job title (See Instructions	5)		City of Austin	»)		
	Date 03/01/2024	Full name of contributor Mallon, Paul Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		)		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 03/15/2024	Full name of contributor  Mallon, Paul  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor Malone, Jordan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
			-					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 72/134 Rpt: 75/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Malone, Jordan  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Mancia Covarrubias, Adonay  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	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: Mancia Covarrubias, Adonay 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 73/134 Rpt: 76/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Martin, Denise  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)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Denise Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Emily 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Noah 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Noah 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	)		

	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: 74/134 Rpt: 77/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID Martinez, Henry  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	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 03/01/2024	Full name of contributor	D#:	)		Amount of Contribution (\$)	\$4.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (IE Mason, Bryan  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (IEMaxwell, Aaron Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 75/134 Rpt: 78/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_Maxwell, Aaron  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ May, Alexandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ May, Alexandra 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ May, Meghan Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.27
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Mayian, Jimma Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 76/134 Rpt: 79/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ McClelland, Sterling Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal agai	Austin, TX 78721	Familia var (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ McClelland, Sterling 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_McDaniel, Michael  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ McDaniel, Michael Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	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: 77/134 Rpt: 80/139	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor  out- McGarry, Kenneth</li> <li>Contributor address; City; State; Zip</li> </ul>			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out- McGarry, Kenneth Contributor address; City; State; Zip				Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 03/01/2024	Full name of contributor	of-state PAC (ID#: 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 03/15/2024	McIntire, Morgan	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 03/01/2024	Full name of contributor out- McLaughlin, Kathleen  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	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 78/134 Rpt: 81/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor  out-of-state PAC (ID#:_ McLaughlin, Kathleen  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ McNiff, Katie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ McNiff, Katie 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Medina, Jonathan 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Medina, Jonathan 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 79/134 Rpt: 82/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_Megally, Maureen  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Megally, Maureen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinsinal assu	Austin, TX 78721	Franks or (Cas Instructions			
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Mendez, Corey 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Mendez, Corey  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Mestaz, Thomas Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	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: 80/134 Rpt: 83/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/01/2024	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 03/15/2024	Full name of contributor out-of-state PA Miller, Matthew 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 03/01/2024	Full name of contributor out-of-state PA Mireles, Guadalupe  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>I</u> S)		
	Date 03/15/2024	Full name of contributor out-of-state PA Mireles, Guadalupe  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	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 81/134 Rpt: 84/139	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	Full name of contributor     Molinelli, Nicholas     Contributor address; City; State	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 03/15/2024	Full name of contributor  Molinelli, Nicholas  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	pation / vos title (oce motivations)		City of Austin	')		
	Date 03/01/2024	Full name of contributor  Monson, Nancy  Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 03/15/2024	Full name of contributor  Monson, Nancy  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor  Moore, Garrett  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>.</u>		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 82/134 Rpt: 85/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/01/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	$\Box$	Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 03/15/2024	Full name of contributor out-of-state PAC ( Morris, Kyle  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 03/01/2024	Full name of contributor out-of-state PAC ( Morrison, Timothy  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 03/15/2024	Full name of contributor out-of-state PAC ( Morrison, Timothy  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)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 83/134 Rpt: 86/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Morton, Rebecca  6 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Morton, Rebecca 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 Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#: Muniz, Brian 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Muniz, Brian  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Murphy, Michelle 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 84/134 Rpt: 87/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Nance, Megan  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Nelson, William  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Nelson, William Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 85/134 Rpt: 88/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Nguyen, Christopher 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	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Noak, Darren 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Noak, Darren 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Noble, Keith 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	)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 86/134 Rpt: 89/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/01/2024	Full name of contributor  out-of-state PAC (I Noftle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin	_		
	Date 03/15/2024	Full name of contributor out-of-state PAC (I Noftle, Rachel 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 03/01/2024	Full name of contributor out-of-state PAC (I Nudelman, Lee 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>I</u> S)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (I Nudelman, Lee Contributor address; City; State; Zip Code Austin, TX 78721	<b>D</b> #:			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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 87/134 Rpt: 90/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Olivarez, Dominique Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Olivo, Nicholas Contributor address; City; State; 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 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Olivo, Nicholas  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Orr, John 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 88/134 Rpt: 91/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	•)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria 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	i)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Pailes, Kenneth  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	()		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Pailes, Kenneth  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	()		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 89/134 Rpt: 92/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Palmer, Jacob  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Patterson, Roger Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Patterson, Roger  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Pearson, Kayla 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 90/134 Rpt: 93/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Perry, Sean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Perry, Sean 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Phillips, Heather  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Phillips, Heather  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	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 91/134 Rpt: 94/139	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul><li>5 Full name of contributor [Phillips, Kyle</li><li>6 Contributor address; City; Sta</li></ul>	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 03/15/2024	Full name of contributor [ Phillips, Kyle Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin			
	Date 03/15/2024	Full name of contributor [ Pizzonia, Alexander Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor  Plewacki, Thomas  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 03/15/2024	Full name of contributor  Plewacki, Thomas  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 92/134 Rpt: 95/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Poss, Lauren  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)	Employer (See Instructions     City of Austin	i)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Poss, Lauren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	•)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Powell-Evans, Simon 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	i)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Powers, Kristy  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 93/134 Rpt: 96/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Price, Amber Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Price, Amber 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	)		
	Date 03/01/2024	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	)		
	Date 03/15/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 94/134 Rpt: 97/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Puckett, James  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.30
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Puckett, James Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.30
	Dein sin al a ser	Austin, TX 78721	Faralassa (Caralassa trastica)			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Quiroz Mendez, Jesus  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 95/134 Rpt: 98/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rafferty, Zachary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$13.00
	Dringing Local	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rafferty, Zachary Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$13.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Ramirez, Alexandra  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Ramos, Duane 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	)		

	MONET	ARY POLITICAL CO		SCHEDULE	A1		
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 96/134 Rpt: 99/139	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor Ramos, Duane	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 03/01/2024	Full name of contributor Rasmussen, Nathan Contributor address; City; Stat	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	:)		
	Medic			City of Austin	,		
	Date 03/15/2024	Full name of contributor Rasmussen, Nathan Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$9.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 03/01/2024	Full name of contributor Rasmussen, Rebecca 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 03/15/2024	Full name of contributor Rasmussen, Rebecca 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	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 97/134 Rpt: 100/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rattan, MaKena Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Daine in all account	Austin, TX 78721	England (Contraction)			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Rawn, Madison  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Reader, Robert 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	)		

	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: 98/134 Rpt: 101/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	Dringing Loggy	Austin, TX 78721	ام	Employer (See Instructions			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin	,		
	Date 03/15/2024	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 03/01/2024	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 03/15/2024	Full name of contributor out-of-state PAC (ID#Reffell, Kelaiah Contributor address; City; State; Zip Code Austin, TX 78721	<b>;</b> #:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIE		SCHEDULE	A1		
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 99/134 Rpt: 102/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor  out-of-state Regier, Natalie</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s) 		
	Date 03/15/2024	Full name of contributor out-of-state Regier, Natalie 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 03/01/2024	Full name of contributor out-of-state Reilly, Susanna 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 03/15/2024	Full name of contributor out-of-state Reilly, Susanna 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 03/01/2024	Full name of contributor out-of-state Reyes, Christopher 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 CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 100/134 Rpt: 103/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Reyes, Christopher</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rice, Larry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rice, Larry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_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	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 101/134 Rpt: 104/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Deignaignal annu	Austin, TX 78721	Faralous (Cool lastructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rivera, Nathaniel 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rivera, Nathaniel 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 102/134 Rpt: 105/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Rocha, Andrea</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rodgers, Jared Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rodgers, Jared 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	i)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Andrew  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Andrew  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	()		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 103/134 Rpt: 106/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (I Rodriguez, Giovanni  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721		Franksian (Cookarasian			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	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 03/15/2024	Full name of contributor	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 03/01/2024	Full name of contributor out-of-state PAC (I Rogers, Darren  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (I Rogers, Darren Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 104/134 Rpt: 107/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rogers, Wesley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Romo, Jodeci 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Romo, Jodeci Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rose, Donald Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 105/134 Rpt: 108/139	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor Rose, Donald 6 Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)	7	Amount of Contribution (\$)	\$2.50
_	5	Austin, TX 78721	- la	5 1 (0 1 : 1			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5) 		
	Date 03/01/2024	Full name of contributor Rutledge, Lindsey Contributor address; City; Sta				Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	) 		
	Medic	pation / cos tille (coe mondollono)		City of Austin	',		
	Date 03/15/2024	Full name of contributor Rutledge, Lindsey Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor Salmeron, Alejandro 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 03/15/2024	Full name of contributor Salmeron, Alejandro 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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 106/134 Rpt: 109/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deignainal agai	Austin, TX 78721	Faralousy (Coolingtoustings)			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Santiago, Sabrina 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Santiago, Sabrina  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Scamman, Alexis  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 107/134 Rpt: 110/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Scamman, Alexis 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Schickel, Matthew Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Daine in all account	Austin, TX 78721	England (Contraction)			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Schickel, Matthew 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Schulz, Douglas  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Schulz, Douglas  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 108/134 Rpt: 111/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee I	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID# Schutt, Kyle  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$1.00
_	Daine in a language	Austin, TX 78721	٦	Faralassa (Osas kastasatisas			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID# Schutt, Kyle 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 03/01/2024	Full name of contributor out-of-state PAC (ID# Scott, Austin 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 03/15/2024	Full name of contributor out-of-state PAC (ID# 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	<u>(</u>		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID# Sedillo, Gabriel 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 f	orm.	1	Total pages Schedule A1: Sch: 109/134 Rpt: 112/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_Sedillo, Gabriel 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Shelton-Collins, Marcus Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinsinal assu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Shelton-Collins, Marcus 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Sircher, Christopher 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Sircher, Christopher 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 110/134 Rpt: 113/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Sklar, Estelle  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)	Employer (See Instructions     City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Sklar, Estelle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deignaignal annu	Austin, TX 78721	Frankrian (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Slattery, Christian 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Slattery, Christian 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Sletten, Spencer 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 111/134 Rpt: 114/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Smith, Anthony  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Anthony Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Ashlyn 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Joshua  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 112/134 Rpt: 115/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Smith, Joshua  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Soto, Darae  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	patient cos tale (cos metadosene)	City of Austin	,		
	Date 03/15/2024	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	)		
	Date 03/01/2024	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
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	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
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 113/134 Rpt: 116/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Stedman, Christina  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Stedman, Christina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing Logg	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Stephens, Eric 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Stephens, Eric Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Stevens, Mitchell 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 114/134 Rpt: 117/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Stevens, Mitchell  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Stowe, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Stowe, Richard 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete tl	his for	n.	1	Total pages Schedule A1: Sch: 115/134 Rpt: 118/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_	Daine in a language	Austin, TX 78721	- 10	Foundation (Construction			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC Swanner, Emily 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 03/01/2024	Full name of contributor out-of-state PAC Swem, Austin 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 03/15/2024	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 03/01/2024	Full name of contributor out-of-state PAC Swift, Patrick 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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 116/134 Rpt: 119/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>5 Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Tait, Grant Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	paner, cos ano (cos menastro)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Tait, Grant Contributor address; City; State; 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 03/01/2024	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	)		
	Date 03/15/2024	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	)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 117/134 Rpt: 120/139	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	Tekamp, Austin	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	i)		
	Date 03/15/2024	Tekamp, Austin  Contributor address; City; State; Zig	-of-state PAC (ID#: ) 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 03/01/2024	Full name of contributor out Thomas, Jonathan 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 03/15/2024	Full name of contributor out Thomas, Jonathan 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 03/01/2024	Full name of contributor out Thomas, Patrick Contributor address; City; State; Zip	o Code			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 118/134 Rpt: 121/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Garner  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	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Garner  Contributor address; City; State; 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 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 119/134 Rpt: 122/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>5 Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Thornton, Sarah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Todd, Joshua Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Todd, Joshua Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Toole, Garrett  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	)		

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 120/134 Rpt: 123/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor  out-of-state PAI Toole, Garrett</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
_	Dein ein al. a a co	Austin, TX 78721	- 10	Foundation (Construction			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	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 03/15/2024	Full name of contributor  out-of-state PAI Toole, Kaytlyn 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 03/01/2024	Full name of contributor out-of-state PAGE Torres, Gil 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 03/15/2024	Full name of contributor out-of-state PAI Torres, Gil Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>.</u> S)		

	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: 121/134 Rpt: 124/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 03/15/2024	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 03/01/2024	Full name of contributor  out-of-state PAC Tran, Si  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 03/15/2024	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 03/15/2024	Full name of contributor out-of-state PAC Traxel, Joshua 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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 122/134 Rpt: 125/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Trivedi, Hersh Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Van Treese, Taylor  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Van Treese, Taylor  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 123/134 Rpt: 126/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor  out-of-state PAC (ID#:_ VanZandt, Donovan  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ VanZandt, Donovan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Vargas, Eric 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Vargas, Eric Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 124/134 Rpt: 127/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Villalobos, Ana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Villalobos, Ana 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Voelker, Jaime  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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Voelker, Jaime 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 125/134 Rpt: 128/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Wadham, Gary Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 03/01/2024	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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher 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	)		
	Date 03/01/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 126/134 Rpt: 129/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Watanabe-O'Toole, Nicholas 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	panent cos and (cos menastro)	City of Austin	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 127/134 Rpt: 130/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Weldon, Tyler Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	parent vos are (eee meraere)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Welkley, Justin 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Welkley, Justin Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 128/134 Rpt: 131/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Wesen, Hunter  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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Westby, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Westby, Andrew 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 129/134 Rpt: 132/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ White, Anna</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ White, Anna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ White, Stephen Contributor address; City; State; 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 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ White, Stephen 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Wiggin, Stuart 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	)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 130/134 Rpt: 133/139	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	10				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i) 		
	Date 03/01/2024	Wijayang, Cecilia  Contributor address; City; State; 2		)		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 03/15/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 131/134 Rpt: 134/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Winters, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pation 7 oob title (occ mondetions)	City of Austin	,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Wittstadt, Erik 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	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Wittstadt, Erik 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	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 132/134 Rpt: 135/139	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	- 10	5 1 (0 1 1 1	_		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	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 03/15/2024	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 03/01/2024	Full name of contributor out-of-state PAC ( Xie, Selena Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC ( Xie, Selena Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal 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 forn	n.	1	Total pages Schedule A1: Sch: 133/134 Rpt: 136/139	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/01/2024	5 Full name of contributor Yankiver, Lizabeth  6 Contributor address; City; State			7	Amount of Contribution (\$)	\$5.00
_	Deignigal	Austin, TX 78721	lo-	Frankrije (Cook koste vetice)			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 03/15/2024	Full name of contributor Yankiver, Lizabeth  Contributor address; City; State	out-of-state PAC (ID#: e; 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 03/01/2024	Full name of contributor Yarbrough, James  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 03/15/2024	Full name of contributor Yarbrough, James  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$4.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/01/2024	Full name of contributor Yasui, Benjamin 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	i)		

	MONETARY POLITICAL CO	SCHEDULE A1	
	The Instruction Guide explains how t	to complete this form.	1 Total pages Schedule A1: Sch: 134/134 Rpt: 137/139
2	2 FILER NAME Austin Travis County Emergency Medical Se	ervices Employee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4	5 Full name of contributor Saui, Benjamin	out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$1.00
8	Austin, TX 78721  3 Principal occupation / Job title (See Instructions)  Medic	Employer (See Instructions     City of Austin	s)

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains how to co	omplete this f	orm.	l l	ges Schedule E: 1 Rpt: 138/139	
	2 FILER NAME Austin Travis County Emergency Medical Services Employee P		es Employee P <i>l</i>	4C	3 Filer ID 000532	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ctions)		
14	Description of Coll	lateral		15 Check if personal fun	ds were deposited	l into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instru	ctions)		

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 139/139	Austin Travis County Emergency Medical Services  00053202
4 Date	5 Payee name
03/01/2024	City of Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.70	15 waller St
Expenditure from	
corporate funds	Austin, TX 78702
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/15/2024	City of Austin
Amount (\$)	Payee address; City; State; Zip Code
\$33.90	15 Waller St
400.00	15 Waller St
Expenditure from corporate funds	Austin, TX 78702
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	