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

### FORM MPAC COVER SHEET PG 1

The MPAC Instruction	The MPAC Instruction Guide explains how to complete this form.       1       Filer ID (Ethics Commission Filers) 00053202       2       Total pages filed: 140					
3 COMMITTEE NAME	OFFICE USE ONLY					
Austin Travis Cou	nty Emergency Medical Services Em	ployee PAC				
	5 - 5 - 5		Date Received			
			ELECTRONICALLY FILED			
			06/01/2024			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE	#; CITY; STATE; ZIP				
ADDRESS						
	5817 Wilcab Road Ste 3					
Change of Addres	Austin, TX 78721		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR FIR	ST MI				
TREASURER	Ms. Sel	ena	Receipt # Amount			
NAME		cha				
			Date Processed			
	NICKNAME LAS	ST SUF				
			Date Imaged			
	Xie		Date imageu			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLE	EASE); APT / SUITE #; CITY;	STATE; ZIP CODE			
STREET	4710 Heflin Ln.					
ADDRESS						
(Residence or Business)	Austin, TX 78721					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE			
TREASURER MAILING	4710 Heflin Ln.					
ADDRESS						
Change of Addres	Austin, TX 78721					
8 CAMPAIGN	AREA CODE PHONE NUM	BER EXTENSION				
TREASURER	AREA CODE PHONE NOM	BER EXTENSION				
PHONE	(214) 228-9321					
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)			
		L treasurer termination				
10 MONTHLY						
REPORT FILING	January 5	April 5 July 5	October 5			
DEADLINE	February 5	May 5 August 5	November 5			
	March 5 X	June 5 September 5	December 5			
11 PERIOD COVERED	Month Day Year	THROUGH Mon	-			
COVERED	04/26/2024	05/2	25/2024			
	•					
GO TO PAGE 2						
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0						

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin Travis County E	mergency Medical Serv	ices Employee PAC	00053202	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Eckhardt Sarah State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,993.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	567.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	89,014.49
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Ms. Se	lena Xie	
		Signature of Ca		ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

### SUBTOTALS - MPAC

### FORM MPAC COVER SHEET PG 3

3 of 140

17 COMMITTE		18 Filer ID	(Ethics Commission Filers)
	vis County Emergency Medical Services Employee PAC	00053202	
19 SCHEDULI NAME OF	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,993.62
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR 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		<b>\$</b> 0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 567.10
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/135 Rpt: 4/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Adams, William		\$2.00
	6 Contributor address; City; State; Zip Code		
2 Drivelage	Austin, TX 78721		<u> </u>
8 Principal occup Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)
		-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Adams, William		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ;)
Medic	,	City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Adcock, Brandon	,	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Adcock, Brandon		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Aguilar, Ricardo		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	.)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/135 Rpt: 5/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Aguilar, Ricardo		\$2.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	· )	Amount of Contribution (\$)
05/10/2024	Albear, Oscar		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Albear, Oscar		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Allen, Janel		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>·</u> )	Amount of Contribution (\$)
05/24/2024	Allen, Janel		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		.1	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/135 Rpt: 6/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Almaguer, Luis	)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Almaguer, Luis		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Almodovar, Alejandra		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Almodovar, Alejandra		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	) )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Anderson, Scott	,	\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 4/135 Rpt: 7/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Anderson, Scott		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1 <u>-</u>	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Anthon, McKenna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	<i>.</i> ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Anthon, McKenna	/	\$3.00
00.2	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Armas, David		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د)
Medic		City of Austin	<i>.</i> ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Armas, David	,	\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/135 Rpt: 8/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)
05/10/2024	Armstrong, Charles		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Armstrong, Charles		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Arocha-Guerra, Val		\$3.00
	Contributor address; City; State; Zip Code		
	-		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Arocha-Guerra, Val		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Aubin, Scott		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	i)
Medic		City of Austin	

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 6/135 Rpt: 9/140
2 FILER NAM	E		<b>3</b> Filer ID (Ethics Commission Filers)
	vis County Emergency Medical Services Employee P.	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024			\$3.00
	6 Contributor address; City; State; Zip Code		1
2 Driveland	Austin, TX 78721		<u> </u>
8 Principal occ Medic	cupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024		)	Amount of Contribution (\$) \$3.00
0012412027			
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Avila, America		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Avila, America		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringingloop	Austin, TX 78721		
Medic	cupation / Job title (See Instructions)	Employer (See Instructions	8)
Medic		City of Austin	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/135 Rpt: 10/140	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	s County Emergency Medical Services Employee PA	AC		00053202	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/10/2024	Azelton, Andrew				\$2.50
		6 Contributor address; City; State; Zip Code		"		
		Austin TV 70701				
8	Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
0	Medic		City of Austin	5)		
		Full name of contributor Out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Azelton, Andrew	)		Amount of Contribution (\$)	\$2.50
	0312412024	Contributor address; City; State; Zip Code				Ψ2.30
		Continuation address, City, State, Zip Code				
		Austin, TX 78721				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/10/2024	Bailey, Charles				\$3.00
		Contributor address; City; State; Zip Code		"		
		Austin TV 70701				
	Dringinal again	Austin, TX 78721		<u> </u>		
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		
				T	Amount of Contribution (¢)	
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Bailey, Charles	)		Amount of Contribution (\$)	\$3.00
	0312412024	Contributor address; City; State; Zip Code				ψ0.00
		Continuation address, City, State, Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/10/2024	Bailey, James				\$3.00
		Contributor address; City; State; Zip Code		1		
	Driv sized oppu	Austin, TX 78721				
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/135 Rpt: 11/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Bailey, James		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	() ;)
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Baker, Alexander	,	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Baker, Alexander		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1 _ (2  u_t)	-
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions)	)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Baker, Amanda		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Baker, Amanda		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions)	<i>)</i> )
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/135 Rpt: 12/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Baker, Coty		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Baker, Coty		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Balboa, Adam		\$2.00
	Contributor address; City; State; Zip Code		1
	Augustin TV 70701		
Dringing occu	Austin, TX 78721	Employer (See Instructions	
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Balboa, Adam		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Barch-Chandler, Travis		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 10/135 Rpt: 13/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Barch-Chandler, Travis		\$3.0
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contribution (\$)
05/10/2024	Barnhart, Jennifer		\$3.0
	Contributor address; City; State; Zip Code		ł
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Barnhart, Jennifer		\$3.0
	Contributor address; City; State; Zip Code		•
	· ·		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Barr, Jaelithe		\$1.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Barr, Jaelithe		\$1.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
		,1	

Austin Travis County Emergency Medical Services Employee PAC       00053202         1 Date       5 Full name of contributor       out-of-state PAC (D#)       7 Amount of Contribution (\$)         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (D#	The Instru		form	1 Total pages Schedule A1:
Austin Travis County Emergency Medical Services Employee PAC       00053202         1 Date       5 Full name of contributor       out-of-state PAC (D#)       7 Amount of Contribution (\$)         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (D#		ction Guide explains now to complete this i	orm.	Sch: 11/135 Rpt: 14/140
I Date OS/10/2024       5       Full name of contributor       out-of-state PAC (Dir:	2 FILER NAME			
05/10/2024       Bauhs, Isabel       \$3.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         9       Employer (See Instructions)       Perincipal occupation / Job title (See Instructions)         City of Austin       Amount of Contribution (\$)       \$3.00         Date       OS/24/2024       Full name of contributor       out-of-state PAC (D#			AC	
6       Contributor address: City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor			)	
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic       P Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (DF:	05/10/2024			\$3.00
Principal occupation / Job title (See Instructions) Medic <ul> <li>Employer (See Instructions) City of Austin</li> <li>Bauhs, Isabel</li> <li>Contribution address; City, State; Zip Code</li> <li>Austin, TX 78721</li> </ul> Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin          Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Full name of contributor              out-of-state PAC (IDP:)         Amount of Contribution (\$)         S3.00            Date 05/10/2024         Full name of contributor              out-of-state PAC (IDP:)         Amount of Contribution (\$)         S3.00            Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code <ul> <li>Austin, TX 78721</li> </ul> Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code <ul> <li>GS/24/2024</li> <li>Bean, Rose Contributor address; City, State; Zip Code</li> <li>Contributor address; City, State; Zip Code</li> <li>Contributor address; City, State; Zip Code</li> <li>Contributor address; City, State; Zip Code</li> <li>GS/10/2024</li> <li>Full name of contributor</li> <li>out-of-state PAC (IDP:)</li> <li>Amount of Contribution (\$)</li> <li>S10.00</li> <li>Contributor address; City, State; Zip Code</li> <li>Contr</li></ul>		6 Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Medic <ul> <li>Employer (See Instructions) City of Austin</li> <li>Bauhs, Isabel</li> <li>Contribution address; City, State; Zip Code</li> <li>Austin, TX 78721</li> </ul> Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin          Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Full name of contributor              out-of-state PAC (IDP:)         Amount of Contribution (\$)         S3.00            Date 05/10/2024         Full name of contributor              out-of-state PAC (IDP:)         Amount of Contribution (\$)         S3.00            Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code <ul> <li>Austin, TX 78721</li> </ul> Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code <ul> <li>GS/24/2024</li> <li>Bean, Rose Contributor address; City, State; Zip Code</li> <li>Contributor address; City, State; Zip Code</li> <li>Contributor address; City, State; Zip Code</li> <li>Contributor address; City, State; Zip Code</li> <li>GS/10/2024</li> <li>Full name of contributor</li> <li>out-of-state PAC (IDP:)</li> <li>Amount of Contribution (\$)</li> <li>S10.00</li> <li>Contributor address; City, State; Zip Code</li> <li>Contr</li></ul>	1			
Principal occupation / Job title (See Instructions) Medic <ul> <li>Employer (See Instructions) City of Austin</li> <li>Bauhs, Isabel</li> <li>Contribution address; City, State; Zip Code</li> <li>Austin, TX 78721</li> </ul> Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin          Amount of Contribution (\$) S3.00            Principal occupation / Job title (See Instructions) Medic         Full name of contributor              out-of-state PAC (IDP:)         Amount of Contribution (\$)         S3.00            Date 05/10/2024         Full name of contributor              out-of-state PAC (IDP:)         Amount of Contribution (\$)         S3.00            Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code          Amount of Contribution (\$)         S3.00            Date 05/24/2024         Full name of contributor          au-of-state PAC (IDP:)         Employer (See Instructions)         City of Austin           Date 05/24/2024         Full name of contributor          au-of-state PAC (IDP:)         Employer (See Instructions)         Contribution address; City, State; Zip Code          Amount of Contribution (\$)         \$3.00         Contributor address; City, State; Zip Code          Amount of Contribution (\$)         \$10.00            OS/10/2024         Full name of contributor	1	Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:	8 Principal occu		9 Employer (See Instructions	<u>)</u> 3)
05/24/2024       Bauhs, Isabel       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Gity of Austin         Date       Full name of contributor       out-of-state PAC (IDF:	Medic		City of Austin	
Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Bean, Rose         Contributor address; City, State; Zip Code         Date         05/10/2024         Bean, Rose         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Bean, Rose         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Bean, Rose         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Beaver, Camille         Contributor address; City; State; Zip Code         O5/10/2024       Full name of contributor         Out-of-state PAC (IDE:         O5/10/2024       Full name of contributor         Out-of-state PAC (IDE:         O5/10/2024       Full name of contributor         Out-of-state PAC (IDE:         O5/10/2024       Full name of contributor<	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         City of Austin       City of Austin         Date       Full name of contributor       out-of-state PAC (D#:	05/24/2024			\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				1
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:				
Medic       City of Austin         Date 05/10/2024       Full name of contributor	Dringingl occu		Employer (See Instructions	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Bean, Rose       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Bean, Rose       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Bean, Rose       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Cuttibutor address; City; State; Zip Code       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state P	-	pation / Job lille (See instructions)		3)
05/10/2024       Bean, Rose       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#:				Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor         05/24/2024       Bean, Rose         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Bean, Rose         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#         Date       Full name of contributor       out-of-state PAC (ID#         O5/10/2024       Beaver, Camille       City of Austin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			)	
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#)         05/24/2024       Bean, Rose         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Date       Full name of contributor	00/10/2027			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Bean, Rose       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	1	Continuation address, City, State, 24 Court		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Bean, Rose       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Ostrophysical       out-of-state PAC (ID#:				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Bean, Rose       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         O5/10/2024       Beaver, Camille       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Bean, Rose       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Beaver, Camille       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Mustin, TX 78721       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)		s)
05/24/2024       Bean, Rose       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occutation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Beaver, Camille       Amount of Contribution (\$)         05/10/2024       Gontributor address; City; State; Zip Code       Amount of Contribution (\$)         Verticipal occutation / Job title (See Instructions)       Employer (See Instructions)       \$10.00         Principal occutation / Job title (See Instructions)       Employer (See Instructions)       \$10.00	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         out-of-state PAC (ID#:)         Beaver, Camille         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Gity of Austin         State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Beaver, Camille       Amount of Contribution (\$)         05/10/2024       Beaver, Camille       \$10.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	05/24/2024	Bean, Rose		\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/10/2024       Beaver, Camille         Contributor address; City; State; Zip Code       \$10.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/10/2024       Beaver, Camille         Contributor address; City; State; Zip Code       \$10.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/10/2024       Beaver, Camille         Contributor address; City; State; Zip Code       \$10.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Beaver, Camille       \$10.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Austin, TX 78721       Funcipal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions	<u> </u> \$)
05/10/2024 Beaver, Camille \$10.00 Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
05/10/2024 Beaver, Camille \$10.00 Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	05/10/2024	Beaver, Camille		\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		1
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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	-	pation / Job title (See Instructions)		3)
Medic City of Austin	Medic			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 12/135 Rpt: 15/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Beaver, Camille		\$10.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Bell, Jory		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	à)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Bell, Jory		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Bernal, Erica	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Bernal, Erica		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>

			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	form.	Sch: 13/135 Rpt: 16/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Bess, Luke		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:	-	Amount of Contribution (\$)
05/24/2024		/	\$1.00
			•
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Black, Jessica		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024		/	\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Blais, Braden		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>,</i> ,

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 14/135 Rpt: 17/140	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	s County Emergency Medical Services Employee P	AC	00053202	<i>.</i> ,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/24/2024	Blais, Braden		\$	3.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/10/2024	Blume, Michael		\$	3.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Blume, Michael		\$	3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	upation / Job title (See Instructions)	Employer (See Instructions	»)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2024	Bockewitz, William		\$	3.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Bockewitz, William		\$	3.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Medic		City of Austin		
				I

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/135 Rpt: 18/140
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee P		00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024 Braunstein, Spencer		\$10.00
6 Contributor address; City; State; Zip Code		
Austin, TX 78721		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic	City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024 Braunstein, Spencer		\$10.00
Contributor address; City; State; Zip Code		
Austin, TX 78721		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	)
Medic	City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024 Brazelton, Reese		\$3.00
Contributor address; City; State; Zip Code		
Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic	Employer (See Instructions) City of Austin	)
	<u> </u>	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024 Brazelton, Reese		\$3.00
Contributor address; City; State; Zip Code		
Austin, TX 78721		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	)
Medic	City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/10/2024 Brindley, Jordan	/	\$3.00
Contributor address; City; State; Zip Code		
Austin, TX 78721		
Principal occupation / Job title (See Instructions)		)
	Employer (See Instructions)	,
Medic	City of Austin	
Medic		,

The Instruction Guide explains how to complete this form.       3         2 FILER NAME       3         Austin Travis County Emergency Medical Services Employee PAC       3	
Austin Travis County Emergency Medical Services Employee PAC	Total pages Schedule A1: Sch: 16/135 Rpt: 19/140
Austin Travis County Emergency Medical Services Employee PAC	B Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7	00053202
	Amount of Contribution (\$)
05/24/2024 Brindley, Jordan	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)	
Medic City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/10/2024 Brunson, Savannah	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/24/2024 Brunson, Savannah	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/10/2024 Bumpus, Ross	\$1.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin	
	Amount of Contribution (\$)
Medic City of Austin	Amount of Contribution (\$) \$1.00
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Bumpus, Ross	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Bumpus, Ross     Contributor address; City; State; Zip Code	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Bumpus, Ross	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Bumpus, Ross     Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code     Austin, TX 78721       Principal occupation / Job title (See Instructions)     Employer (See Instructions)	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Bumpus, Ross     Contributor address; City; State; Zip Code       Austin, TX 78721     Austin, TX 78721	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 17/135 Rpt: 20/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Burgoyne, James	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Burgoyne, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Cabrera, Ryan		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Amount of Contribution (\$)
05/24/2024	Cabrera, Ryan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Amount of Contribution (\$)
05/10/2024	Cain, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
		1	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/135 Rpt: 21/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Cain, Christopher		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Cantonis, Carl		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Cantonis, Carl		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Bringinal occur	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
		1	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Carter, Emma		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()
Medic	· · · · ·	City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/24/2024	Carter, Emma	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1:	
			Sch: 19/135 Rpt: 22/140	
2 FILER NAME Austin Travi	s County Emergency Medical Services Employee P		3 Filer ID (Ethics Commission File 00053202	ers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
4 Date 05/10/2024	Cartmill, Andres	, [		\$3.00
00/10/202	6 Contributor address; City; State; Zip Code			Ψ0.00
	Austin, TX 78721			
	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Cartmill, Andres			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/10/2024	Cavarretta, James	/		\$3.00
00/10/202	Contributor address; City; State; Zip Code			<b>40.0</b> 0
	1			
	Austin, TX 78721			
	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions)		
Principal occu Medic		Employer (See Instructions) City of Austin		
Medic Date		City of Austin	Amount of Contribution (\$)	
Medic	upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Cavarretta, James	City of Austin		\$3.00
Medic Date	upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	City of Austin		\$3.00
Medic Date	upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Cavarretta, James	City of Austin		\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#: Cavarretta, James Contributor address; City; State; Zip Code	City of Austin		\$3.00
Medic Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Cavarretta, James Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Cavarretta, James Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024 Principal occu Medic	Impation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Cavarretta, James         Contributor address; City; State; Zip Code         Austin, TX 78721         upation / Job title (See Instructions)	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024 Principal occu	Ipation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:         Cavarretta, James         Contributor address; City; State; Zip Code         Austin, TX 78721         upation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:         Out-of-state PAC (ID#:	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occu Medic Date	Ipation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Cavarretta, James         Contributor address; City; State; Zip Code         Austin, TX 78721         upation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Cendejas, Jacqueline	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occu Medic Date	Ipation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:         Cavarretta, James         Contributor address; City; State; Zip Code         Austin, TX 78721         upation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:         Out-of-state PAC (ID#:	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occu Medic Date	Ipation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Cavarretta, James         Contributor address; City; State; Zip Code         Austin, TX 78721         upation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Cendejas, Jacqueline	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occu Medic Date	Ipation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Cavarretta, James         Contributor address; City; State; Zip Code         Austin, TX 78721         upation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Cendejas, Jacqueline	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occu Medic Date 05/10/2024	Ipation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#: Cavarretta, James         Contributor address; City; State; Zip Code         Austin, TX 78721         upation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#: Cendejas, Jacqueline         Contributor address; City; State; Zip Code	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) Amount of Contribution (\$)	\$3.00

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 20/135 Rpt: 23/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	S County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Cendejas, Jacqueline		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Chavez, Erin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Chavez, Erin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Cheeks, Shedrick		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Cheeks, Shedrick	/	\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	·)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.       1       Total pages Schedule A1: Sch: 21/135 Rpt: 24/140         2       FILER NAME Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date 05/10/2024       5       Full name of contributor       out-ot-state PAC (tD::::::::::::::::::::::::::::::::::::
Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date       5       Full name of contributor       out-of-state PAC (ID#
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 05/10/2024       5 Full name of contributor Chester, Hannah       out-of-state PAC (ID#
05/10/2024       Chester, Hannah       \$3.00         6       Contributor address; City, State; Zip Code       \$3.00         Austin, TX 78721       9       Employer (See Instructions) City of Austin       \$4.000000000000000000000000000000000000
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions) Medic       9         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Chester, Hannah       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/10/2024       Full name of contributor out-of-state PAC (ID#:)         05/10/2024       Full name of contributor out-of-state PAC (ID#:)         05/10/2024       Full name of contributor out-of-state PAC (ID#:)         Victin TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Contributor address; City State; Zip Code         Prin
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Chester, Hannah       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Chester, Hannah       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Chester, Hannah       Amount of Contribution (\$) Chester, Hannah       \$3.00         O5/24/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Signature         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$) Signature       \$5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Signature       \$5.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Chhabra, Ranjit       Amount of Contribution (\$) Signature       Amount of Contribution (\$) Signature       S5.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Chester, Hannah       Amount of Contribution (\$) Chester, Hannah       \$3.00         O5/24/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Signature         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$) Signature       \$5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Signature       \$5.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Chhabra, Ranjit       Amount of Contribution (\$) Signature       Amount of Contribution (\$) Signature       S5.00
Medic         City of Austin           Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         \$3.00           05/24/2024         Chester, Hannah         Contributor address; City; State; Zip Code         \$3.00         \$3.00           Austin, TX 78721         Austin, TX 78721         Employer (See Instructions)         \$5.00         \$5.00           Medic         Full name of contributor         out-of-state PAC (ID#:
05/24/2024       Chester, Hannah       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$5.00         Medic       City of Austin       City of Austin       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       City of Austin       City of Austin       5.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$5.00         05/24/2024       Chhabra, Ranjit       Amount of Contribution (\$)       \$5.00
05/24/2024         Chester, Hannah         \$3.00           Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Chhabra, Ranjit       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/10/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Vertication / Job title (See Instructions)       Employer (See Instructions)       \$5.00         Medic       Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$5.00         Medic       City of Austin       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Chhabra, Ranjit       cut-of-state PAC (ID#:)       Amount of Contribution (\$)
Austin, TX 78721       Employer (See Instructions)         Medic       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Medic       City of Austin       City of Austin       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Chhabra, Ranjit       Store       Store
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Chhabra, Ranjit       Amount of Contribution (\$)         05/10/2024       Chhabra, Ranjit       \$5.00         Officient       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Medic       City of Austin       City of Austin       \$5.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Chhabra, Ranjit       \$5.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Chhabra, Ranjit       Amount of Contribution (\$)         05/10/2024       Chhabra, Ranjit       \$5.00         Officient       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Medic       City of Austin       City of Austin       \$5.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Chhabra, Ranjit       \$5.00
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Chhabra, Ranjit
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Chhabra, Ranjit       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Chhabra, Ranjit       S5.00
05/10/2024       Chhabra, Ranjit       \$5.00         Contributor address; City; State; Zip Code       \$5.00         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Chhabra, Ranjit       \$5.00
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         05/24/2024         Chhabra, Ranjit
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         05/24/2024         Chhabra, Ranjit
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       05/24/2024     Chhabra, Ranjit
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       05/24/2024     Chhabra, Ranjit
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       05/24/2024     Chhabra, Ranjit
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/24/2024     Chhabra, Ranjit     \$5.00
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/24/2024     Chhabra, Ranjit     \$5.00
05/24/2024 Chhabra, Ranjit \$5.00
Continuator address, City, State, Zip Code
Austin, TX 78721
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Medic City of Austin
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
05/10/2024 Ciampaglio, Anthony \$3.00
05/10/2024 Ciampaglio, Anthony \$3.00
05/10/2024 Ciampaglio, Anthony \$3.00 Contributor address; City; State; Zip Code
05/10/2024 Ciampaglio, Anthony \$3.00 Contributor address; City; State; Zip Code Austin, TX 78721
05/10/2024 Ciampaglio, Anthony \$3.00 Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)
05/10/2024 Ciampaglio, Anthony \$3.00 Contributor address; City; State; Zip Code Austin, TX 78721

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 22/135 Rpt: 25/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	S County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Ciampaglio, Anthony		\$3.00
	6 Contributor address; City; State; Zip Code		1
	I		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Ciminera, Joseph		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Ciminera, Joseph		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Clark, Rajiv		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Clark, Rajiv		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
		<u> </u>	

		}	1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	orm.	Sch: 23/135 Rpt: 26/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/10/2024	Clark, William		\$1.00
	6 Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	· ·
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Clark, William		\$1.00
			1
	Austin, TX 78721	_	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Cluskey, Francis		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Cluskey, Francis		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Cole, Jason		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Medic		City of Austin	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/135 Rpt: 27/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P/	AC	00053202
4 Date 05/24/2024	5 Full name of contributor Out-of-state PAC (ID#:_ Cole, Jason	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Coleman, James		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Coleman, James		\$1.00
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Cooper, Matthew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	L
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Cooper, Matthew		\$3.00
	Contributor address; City; State; Zip Code		
Dringing loog	Austin, TX 78721		-
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 25/135 Rpt: 28/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee P	AC	00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Cornwall, Angela	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$2.00</li></ul>
00,10,202.	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Cornwall, Angela		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Costantino, John		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024			\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024		/	\$3.00
	Contributor address; City; State; Zip Code		
	Contributor address, Gity, State, Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	,

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 26/135 Rpt: 29/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee P	AC	00053202
4 Date 05/24/2024	5 Full name of contributor out-of-state PAC (ID#: Crock, Clairissa	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u>.                                    </u>	Amount of Contribution (\$)
05/10/2024			\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic	pador / 002 and (000 medicel,	City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Crouch, Jordan	/	\$1.00
0312412024			ψ±.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Crouch, William		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	·/
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Crouch, William		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Medic		City of Austin	\$)
MEUIC			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 27/135 Rpt: 30/140
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of Contribution (\$)
05/10/2024 Cruz Zarate, Hector	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)       9 Employer (Source of the second se	See Instructions) stin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/24/2024 Cruz Zarate, Hector	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Medic City of Au	-
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Cummings, Daniel	\$2.00
Contributor address; City; State; Zip Code	······
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (	See Instructions)
Medic City of Au	stin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/24/2024 Cummings, Daniel	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Damron, William	\$3.27
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Medic City of Au	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 28/135 Rpt: 31/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P.	AC	00053202
4 Date 05/24/2024	5 Full name of contributor out-of-state PAC (ID#: Damron, William	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.27</li></ul>
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/10/2024	Davis, Kenneth		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Davis, Kenneth		\$3.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Davis, Richard		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Davis, Richard		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
MEdic			

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 29/135 Rpt: 32/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	DeLong, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	DeLong, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
	Augustine TV 20201		
Dringing agou	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	i)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Dean-Masse, Dustin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>y</i>
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/24/2024	Dean-Masse, Dustin	/	\$3.00
0012-11202 .	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Derion, Sarah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
-	pation / Job title (See Instructions)		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/135 Rpt: 33/140	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee PA		00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/24/2024	Derion, Sarah			\$3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/10/2024	Dionizio, James		:	\$1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Dionizio, James			\$1.00
	Contributor address; City; State; Zip Code			
1		1		
	Δuctin TX 78721			
Principal occur	Austin, TX 78721	Employer (See Instructions)	Λ	
Principal occup Medic	Austin, TX 78721 Dation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)	
Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$3.70
Medic	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria	City of Austin	Amount of Contribution (\$)	\$3.70
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria	City of Austin	Amount of Contribution (\$)	\$3.70
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria	City of Austin	Amount of Contribution (\$)	\$3.70
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria	City of Austin	Amount of Contribution (\$)	\$3.70
Medic Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.70
Medic Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.70
Medic Date 05/10/2024 Principal occur	Full name of contributor out-of-state PAC (ID#:_ Dockery, Victoria Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.70
Medic Date 05/10/2024 Principal occup Medic	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:         Dockery, Victoria         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$3.70
Medic Date 05/10/2024 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Dockery, Victoria         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Display="block">Full name of contributor	City of Austin	Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Dockery, Victoria         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Dockery, Victoria	City of Austin	Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Dockery, Victoria         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Dockery, Victoria         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Dockery, Victoria         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Dockery, Victoria	City of Austin	Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occup Medic Date 05/24/2024	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Dockery, Victoria         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Dockery, Victoria         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

The last			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	form.	Sch: 31/135 Rpt: 34/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	<b>5</b> Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Donohoe, John		\$2.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>)</u> 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Donohoe, John		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin TV 20204		
Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Draper, Joseph	/	\$3.00
00,20,20	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u>.</u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Draper, Joseph		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Duran, Bryan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/135 Rpt: 35/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P/	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Duran, Bryan		\$3.0
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	»)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Durham, David		\$1.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Durham, David		\$1.0
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Echevarria, Edgardo		\$1.3
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	»)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Echevarria, Edgardo		\$1.3
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		·	

<ul> <li>He Instruction Guide explains how to complete this Form.</li> <li>Total pages Schedule A1: Sch: 33/135 Rpt: 36/140</li> <li>FILER NAME Austin Travision Found of Contributor cont</li></ul>	Filers) \$5.00
Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date	\$5.00
Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date       5       Full name of contributor       out-of-state PAC (ID#:	\$5.00
05/10/2024       Eeten, John         6       Contributor address; City; State; Zip Code         Austin, TX 78721       Austin, TX 78721         8       Principal occuation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Eeten, John       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Eeten, John       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Verincipal occuation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       Austin, TX 78721         8       Principal occuration / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Eeten, John       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occuration / Job title (See Instructions)       Employer (See Instructions)	
6       Contributor address; City; State; Zip Code         Austin, TX 78721         8       Principal occupation / Job title (See Instructions) Medic         Date       Full name of contributor out-of-state PAC (ID#:) Eeten, John         05/24/2024       Full name of contributor contributor contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$5.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Eeten, John       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$5.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Eeten, John       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$5.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Eeten, John       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$5.00
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Eeten, John       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Employer (See Instructions)	\$5.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Eeten, John       Contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$5.00
05/24/2024 Eeten, John Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$5.00
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	\$5.00
Contributor address; City; State; Zip Code       Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	
05/10/2024 Eguia, Eduardo	\$1.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)Employer (See Instructions)MedicCity of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       OF/24/2024     Equip. Educate	<u>ቀ</u> 1 በበ
05/24/2024 Eguia, Eduardo	\$1.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
05/10/2024 Elbel, Amber	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Austin, 1X 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/135 Rpt: 37/140	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Elbel, Amber		\$3.00
	6 Contributor address; City; State; Zip Code		
2 Dringing ogg	Austin, TX 78721		<u> </u>
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	;)
		-	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<b>'</b>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/24/2024	Elizardo, Daniel	)	\$3.00
	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Emmick, Christopher		\$4.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	•)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Emmick, Christopher		\$4.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>'</i>
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The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/135 Rpt: 38/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Ender, Daniel		\$3.30
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Ender, Daniel		\$3.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Ferguson, John		\$2.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Ferguson, John	/	\$2.00
00/2 //202 /	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	, ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Ferguson, Thomas	/	\$1.30
00.20.22	Contributor address; City; State; Zip Code		
	Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b> </b>
Medic		City of Austin	
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/135 Rpt: 39/140	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Ferguson, Thomas		\$1.30
	6 Contributor address; City; State; Zip Code		
2 Driveiral acou	Austin, TX 78721		<u> </u>
8 Principal occuj Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)
	<b></b>	-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	(
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	-	Amount of Contribution (\$)
05/24/2024	Fernandez, Eric	)	\$3.00
001271202-1	Contributor address; City; State; Zip Code		40.00
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Figueroa, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions)	.)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Figueroa, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 37/135 Rpt: 40/140
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date     5 Full name of contributor     out-of-state PAC (ID#:       05/10/2024     Finch, Walter	) <b>7</b> Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
	byer (See Instructions) of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/24/2024 Finch, Walter	\$1.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	oyer (See Instructions)
Medic City of	of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Fitzpatrick, Bryan	\$5.00
Contributor address; City; State; Zip Code Austin, TX 78721	
	Dyer (See Instructions)
	of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/24/2024 Fitzpatrick, Bryan	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	oyer (See Instructions) of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Flanagan, Rilie	\$2.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Austin, TX 78721	
Austin, TX 78721	oyer (See Instructions)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 38/135 Rpt: 41/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Flanagan, Rilie		\$2.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Flores, Raul		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Date         Full name of contributor         out-of-state PAC (ID#:)		Amount of Contribution (\$)
05/24/2024	Flores, Raul		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Flores, Robert		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;) 
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Flores, Robert Contributor address; City; State; Zip Code		\$2.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	<i>"</i>
		<u> </u>	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 39/135 Rpt: 42/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ Flores, Tiana		<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	·/
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Flores, Tiana		\$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Fuentes, Timothy		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u>.</u>	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Fuentes, Timothy		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	L
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Gallio, Riane		\$3.00
	Contributor address; City; State; Zip Code		
Dringing ago	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
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The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/135 Rpt: 43/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	S County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Gallio, Riane		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	ſ	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Garcia, Bianca		\$3.0
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>I</b>
Medic		City of Austin	<i>,</i> ,
	Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Garcia, Bianca		Amount of Contribution (\$)
05/24/2024			\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1 <u></u>	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Gardner, Dale		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ŝ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Gardner, Dale		\$3.0
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	) 5)
Medic		City of Austin	,

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/135 Rpt: 44/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Garrett, Christina		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Garrett, Christina		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Gastelum, Aaron		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Gastelum, Aaron		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Gold, Mora		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions)	<b>)</b>
Medic		City of Austin	

6       Contributor address: City; State; Zip Code         Austin, TX 78721       9         B       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (Der					
Austin Travis County Emergency Medical Services Employee PAC         00053202           4 Date 05/24/2024         5 Full name of contributor         out-of-state PAC (Der)         7 Amount of Contribution (\$)         \$3           6 Contributor address; City; State; Zip Code         2 Employer (See Instructions) City of Austin         7 Amount of Contribution (\$)         \$3           7 Date 05/24/2024         Full name of contributor         out-of-state PAC (Der)         7 Amount of Contribution (\$)         \$3           7 Date 05/10/2024         Full name of contributor         out-of-state PAC (Der)         Amount of Contribution (\$)         \$3           05/10/2024         Full name of contributor         out-of-state PAC (Der)         Amount of Contribution (\$)         \$3           05/10/2024         Full name of contributor         out-of-state PAC (Der)         Amount of Contribution (\$)         \$3           05/24/2024         Full name of contributor         out-of-state PAC (Der)         Amount of Contribution (\$)         \$3           05/24/2024         Full name of contributor         out-of-state PAC (Der	The Instruction Guide explains how to complete this form.				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 05/24/2024       S Full name of contributor out-of-state PAC (DF) Gold, Mora       7 Amount of Contribution (\$)         5 Contributor address; City; State; Zip Code       Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) City of Austin       7 Amount of Contribution (\$)         0 5/10/2024       Full name of contributor out-of-state PAC (DF) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3         0 4       Full name of contributor out-of-state PAC (DF) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3         0 5/10/2024       Full name of contributor out-of-state PAC (DF) Austin, TX 78721       Amount of Contribution (\$)       \$3         0 5/24/2024       Full name of contributor out-of-state PAC (DF) Austin, TX 78721       Amount of Contribution (\$)       \$3         0 5/24/2024       Full name of contributor out-of-state PAC (DF) Austin, TX 78721       Amount of Contribution (\$)       \$3         0 5/10/2024       Full name of contributor out-of-state PAC (DF) Austin, TX 78721       Amount of Contribution (\$)       \$3         0 5/10/2024       Full name of contributor out-of-state PAC (DF	2 FILER NAME			3 Filer ID (Ethics Commission Filer	(S)
05/24/2024       Gold, Mora       \$3         6       Contributor address; City; State; Zip Code       \$3         8       Principal occupation 1 Job title (See Instructions)       \$1         Medic       Gold, Mora       \$3         05/24/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         05/10/2024       Gomez-Rivera, Alexander Brooks       \$3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/10/2024       Gomez-Rivera, Alexander Brooks       \$3         Principal occupation 1 Job title (See Instructions)       Employer (See Instructions)       \$3         Medic       Contributor address; City; State; Zip Code					0,
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         B       Principal occuration / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions) Medic       9         Date       Full name of contributor out-of-state PAC (Der) Gomez-Rivera, Alexander Brooks       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       S3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (Der) Gomez-Rivera, Alexander Brooks       Amount of Contribution (\$)         05/24/2024       Gomez-Rivera, Alexander Brooks       S3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         05/10/2024       Full name of contributor out-of-state PAC (Der       Amount of Contribution (\$)         05/10/2024       Full name of contributor	05/24/2024			\$	\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Gomez-Rivera, Alexander Brooks       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Austin, TX 78721       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Gomez-Rivera, Alexander Brooks       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Gomez-Rivera, Alexander Brooks       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$1         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$1         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$1         Date 05/24/20					
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8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Gomez-Rivera, Alexander Brooks       Amount of Contribution (\$)         05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3         Dat					
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Gomez-Rivera, Alexander Brooks       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Gomez-Rivera, Alexander Brooks       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Gomez-Rivera, Alexander Brooks       S3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Gordon, Jennifer       Contributor address; City; State; Zip Code         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:		Austin, TX 78721			
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/10/2024       Gomez-Rivera, Alexander Brooks       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Gomez-Rivera, Alexander Brooks       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/24/2024       Gomez-Rivera, Alexander Brooks       \$3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3         Medic       Gordon, Jennifer       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#	8 Principal occu	upation / Job title (See Instructions)		)	
05/10/2024       Gomez-Rivera, Alexander Brooks       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Gomez-Rivera, Alexander Brooks       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Gordon, Jennifer       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	Medic		City of Austin		
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor address; City; State; Zip Code         05/24/2024       Gomez-Rivera, Alexander Brooks         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Gomez-Rivera, Alexander Brooks         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Gordon, Jennifer         O5/10/2024       Full name of contributor on out-of-state PAC (ID#:         O5/10/2024       Gordon, Jennifer         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job tit	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Gomez-Rivera, Alexander Brooks       Amount of Contribution (\$)         05/24/2024       Gomez-Rivera, Alexander Brooks       Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Gordon, Jennifer       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:) Gordon, Jennifer       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:	05/10/2024			\$	\$3.00
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Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Gomez-Rivera, Alexander Brooks       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         05/10/2024       Gordon, Jennifer         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contributor         Date       Full name of contributor       out-of-state PAC (ID#:)         O5/10/2024       Gordon, Jennifer       Amount of Contribution (\$)         Yincipal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Lity of Austin       S1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S1         Medic       City of Austin       City of Austin       S1         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Gordon, Jennifer       S1       Amount of Contribution (\$)       S1	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
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05/24/2024         Gomez-Rivera, Alexander Brooks         \$3           Contributor address; City; State; Zip Code         Austin, TX 78721         \$3           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         \$1           Medic         City of Austin         City of Austin         \$1           Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         \$1           05/10/2024         Gordon, Jennifer         \$1         \$1         \$1           05/10/2024         Gordon, Jennifer         \$1         \$1         \$1           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         \$1           Medic         Contributor address; City; State; Zip Code         Amount of Contribution (\$)         \$1           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         \$1           Medic         Contributor address; City; State; Zip Code         City of Austin         \$1           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Amount of Contributor           Medic         City of Austin         City of Austin         \$1           Date         Full name of contributor         out-of-state PAC (ID#:	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
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Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/10/2024       Gordon, Jennifer         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Date       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       S1         O5/24/2024       Gordon, Jennifer					
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Gordon, Jennifer       s1         Contributor address; City; State; Zip Code       Austin, TX 78721       full name of contributors)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       full name of contributor         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Gordon, Jennifer       s1	Principal occu		Employer (See Instructions)	)	
05/10/2024       Gordon, Jennifer       \$1         Contributor address; City; State; Zip Code       \$1         Austin, TX 78721       Austin, TX 78721         Principal occuration / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Gordon, Jennifer					
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Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         05/24/2024         Gordon, Jennifer			/		\$1.00
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Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Gordon, Jennifer       \$1		Austin. TX 78721			
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/24/2024     Gordon, Jennifer     \$1	Principal occu		Employer (See Instructions)	)	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/24/2024     Gordon, Jennifer     \$1				!	
05/24/2024 Gordon, Jennifer \$1			<u> </u>	Amount of Contribution (¢)	
			)		\$1.00
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		Contributor address; City; State; Zip Code			
Austin, TX 78721					
		Austin, IX 10121		<u></u>	
	Dringingl occu	nation / Joh title (See Instructions)	-molovor (Soo Instructions)		
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 43/135 Rpt: 46/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Gowe, Kathleen	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	د)
Medic		City of Austin	2)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Gregson, Jordan	/	\$3.00
00,10,202	Contributor address; City; State; Zip Code		· · · · ·
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Gregson, Jordan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
05/10/2024	Griffin, Bradley		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	pador / 002 and (000 mondol,	City of Austin	~

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/135 Rpt: 47/140	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Griffin, Bradley		\$3.0
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Griffith, Kimberly		\$5.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	š)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Griffith, Kimberly		\$5.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Grijalva, Corey		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
05/24/2024	Grijalva, Corey		\$3.0
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 45/135 Rpt: 48/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ Hadas, Brian		<ul><li>7 Amount of Contribution (\$)</li><li>\$2.00</li></ul>
00,20,222	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Hadas, Brian		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Hadden, Justin		\$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	») 
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Hadden, Justin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u></u>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Haggarty, Timothy		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
		-	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 46/135 Rpt: 49/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Haggarty, Timothy		\$3.
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024			\$2.
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing ago	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
		-	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024			\$2.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Full name of contributor out-of-state PAC (ID#: Hairston, Christopher	)	Amount of Contribution (\$) \$1.
00/10/2027			Ψ±.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)
Medic	•	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Hairston, Christopher		\$1.
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 47/135 Rpt: 50/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Hamilton, Aaron		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	T	<u> </u>
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Hanes, Rodney		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Hanes, Rodney		\$5.00
	Contributor address; City; State; Zip Code		]
	A		
Drizsingl good	Austin, TX 78721		
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Hanks, Kaden		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	β)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)
05/24/2024	Hanks, Kaden		\$3.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/135 Rpt: 51/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 05/10/2024	5 Full name of contributor Out-of-state PAC (ID#:_ Hargrave, Jeffrey	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	;) ;)
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Hargrave, Jeffrey		\$3.00
	Contributor address; City; State; Zip Code		
Dringing Loop	Austin, TX 78721		- \
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic	<u> </u>	City of Austin	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Harner, Kevin Contributor address; City; State; Zip Code		\$2.50
<b>-</b> · · · · · · · · · · · · · · · · · · ·	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Harner, Kevin		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date 05/10/2024	Full name of contributor out-of-state PAC (ID#: Hawthorne, Cole Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
		1	

The Instruction Guide explains how to complete this form.       1 Total pages School 4.1: Sch: 49/135 Rpt: 52/140         2 FLER NAME Austin Travis County Emergency Medical Services Employee PAC       3 Filer Di (Ehics Commission Filers) 0005/2022         4 Date 05/24/2024       Is Full name of contributor Austin, TX 78721       7 Amount of Contribution (S)         8 Principal accupation / Job tife (See Instructions) Medic       9 Employer (See Instructions) City of Austin       Amount of Contribution (S)         03/2       Full name of contributor Austin, TX 78721       9 Employer (See Instructions) City of Austin       Amount of Contribution (S)         03/2       Full name of contributor Austin, TX 78721       Amount of Contribution (S)       \$3.00         04/2       Full name of contributor Austin, TX 78721       Amount of Contribution (S)       \$3.00         9 Employer (See Instructions) Medic       Contributor of used-state PAC (D2: Austin, TX 78721       Amount of Contribution (S)       \$3.00         9 Principal accupation / Job tife (See Instructions) City of Austin       Contribution (S)       \$3.00         01/2       Full name of contributor Austin, TX 78721       Amount of Contribution (S)       \$3.00         01/2       Full name of contributor Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (S)       \$3.00         05/10/2024       Full name of contributor Austin, TX 78721       Employer				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution address; City: State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         9 Date       005/10/2024       Full name of contributor       out-of-state PAC (ID#)       7 Amount of Contribution (\$)         9 Date       05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         9 Date       05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         9 Date       Contributor address; City: State; Zip Code       Amount of Contribution (\$)       \$3.00         05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         04/10 Compation / Job title (See instructions)       Employer (See instructions)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/10/20	The Instru	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution address; City: State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         9 Date       005/10/2024       Full name of contributor       out-of-state PAC (ID#)       7 Amount of Contribution (\$)         9 Date       05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         9 Date       05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         9 Date       Contributor address; City: State; Zip Code       Amount of Contribution (\$)       \$3.00         05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         04/10 Compation / Job title (See instructions)       Employer (See instructions)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/10/20	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
05/24/2024       Hawthorne, Cole       \$3.00         6       Contributor address; City; State; Zip Code       \$3.00         7       Principal occupation / 3ob title (See Instructions)       9       Employer (See Instructions)         05/10/2024       Full name of contributor       out-of-state PAC (Dim			AC	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions)         Date       OS/10/2024         Hay, Keli       Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         S 70/2024       Full name of contributor         Austin, TX 78721       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor         Date       Full name of contributor         05/24/2024       Full name of contributor         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         S10/2024       Full name of contributor       oxtof-state PAC (ID#       Amount of Contribution (\$)         Os/24/2024       Full name of contributor       oxtof-state PAC (ID#       Amount of Contribution (\$)         Os/24/2024       Full name of contributor       oxtof-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#         OS/L0/2024       Full name of contributor       out-of-state PAC (ID#         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         D5/24/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         S3.00       Contributor address; City; State; 2ip Code       Amount of Contribution (\$)       \$3.00         Dif/24/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       \$3.00         OS/10/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       \$3.00         OS/10/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       \$3.00         OS/10/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       \$3.00         OS/10/2024       F	05/24/2024			\$3.0
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         S3.00       Hay, Keli       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)       \$3.00         Date 05/10/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.00				1
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         S3.00       Hay, Keli       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)       \$3.00         Date 05/10/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.00				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         S3.00       Hay, Keli       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Date 05/24/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)       \$3.00         Date 05/10/2024       Full name of contributor       out-of-state PAC (Def)       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.00				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;				
Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         05/10/2024       Hay, Keli       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Medic       Contributor address; City; State; Zip Code       City of Austin         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         05/24/2024       Hay, Keli       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         05/24/2024       Hellein, Jacob       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         0ate       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         0ate       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         05/24/2024		pation / Job title (See Instructions)		5)
05/10/2024       Hay, Keli       S3.00         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (IDe:	Medic		City of Austin	
Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         05/24/2024         Hay, Keli         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Centributor address; City, State; Zip Code         Austin, TX 78721         Employer (See Instructions)         Medic         Date         05/10/2024       Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (IDF:	05/10/2024			\$3.0
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor       out-of-state PAC (D#:				1
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor       out-of-state PAC (D#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (D#:) Hay, Keli       Amount of Contribution (\$) (Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) (\$3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) City of Austin         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) (Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) S3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) S3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$) S3.00         Contributor address; City; State; Zip Code Austin, TX 78721       Employer (See Instructions) City of Austin       S3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Hay, Keli		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Hay, Keli       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:)         Date       Full name of contributor         05/10/2024       Hellein, Jacob         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         O5/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         O5/24/2024		pation / Job title (See Instructions)		5)
05/24/2024       Hay, Keli       \$3.00         Contributor address; City; State; Zip Code	Medic		City of Austin	
Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         05/10/2024         Hellein, Jacob         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Medic         Date         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         City of Austin         O5/24/2024         Hellein, Jacob         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Hellein, Jacob       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Date       Full name of contributor         Os/24/2024       Full name of contributor         Date       Full name of contributor         Os/24/2024       Hellein, Jacob         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Hellein, Jacob         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)	05/24/2024			\$3.0
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/10/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         0ate       Full name of contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				1
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/10/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin       \$3.00         Pate       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/10/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin       \$3.00         Pate       Full name of contributor out-of-state PAC (ID#:) Hellein, Jacob       Amount of Contribution (\$)         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Hellein, Jacob       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			•	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Mellein, Jacob       City of Austin       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00		pation / Job title (See Instructions)		5)
05/10/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Melicin, Jacob       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor	Date	Full name of contributor out-of-state PAC (ID#:_	)	
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Melici       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	05/10/2024			\$3.0
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Hellein, Jacob         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				1
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Hellein, Jacob         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Hellein, Jacob         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       State; Zip Code         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)				·
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Hellein, Jacob       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	•	pation / Job title (See Instructions)		5)
05/24/2024 Hellein, Jacob \$3.00 Contributor address; City; State; Zip Code \$3.00 Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Médic		City of Austin	
Contributor address; City; State; Zip Code          Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	05/24/2024	Hellein, Jacob		\$3.0
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
			1	
Medic City of Austin		pation / Job title (See Instructions)		6)
	Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 50/135 Rpt: 53/140	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Austin Travis	County Emergency Medical Services Employee Pa	AC	00053202	
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Hernandez, Hugo	) 7	7 Amount of Contribution (\$)	\$1.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/24/2024	Hernandez, Hugo			\$1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/10/2024	Hernandez Arias, Alejandra			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occur				
Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
	pation / Job title (See Instructions)           Full name of contributor         out-of-state PAC (ID#:)	City of Austin	Amount of Contribution (\$)	
Medic	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024 Principal occu Medic Date	Full name of contributor       out-of-state PAC (ID#:_         Hernandez Arias, Alejandra         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occu Medic	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024 Principal occu Medic Date	Full name of contributor       out-of-state PAC (ID#:_         Hernandez Arias, Alejandra         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:_         Herrera, Caroline	City of Austin	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occu Medic Date 05/10/2024	Full name of contributor       out-of-state PAC (ID#:_         Hernandez Arias, Alejandra         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:_         Herrera, Caroline         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$) Amount of Contribution (\$)	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/135 Rpt: 54/140	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
		s County Emergency Medical Services Employee PA	AC		00053202	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/24/2024	Herrera, Caroline				\$3.00
		6 Contributor address; City; State; Zip Code		"		
_		Austin, TX 78721		<u> </u>		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/10/2024	Hicks, Matthew				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic		City of Austin	5)		
—		Full name of contributor Out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Hicks, Matthew	)		Amount of Contribution (\$)	\$5.00
	03/24/2024					Φ0.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/10/2024	Hindman, Justin				\$1.00
		Contributor address; City; State; Zip Code		.		
		Austin, TX 78721	1			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/24/2024	Hindman, Justin				\$1.00
		Contributor address; City; State; Zip Code				
		Austin TV 70701				
	Dringingl occu	Austin, TX 78721	Employer (See Instructions	<u> </u>		
	Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		
<u> </u>	Meule					
1						

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 52/135 Rpt: 55/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Hindman, Shelby		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Holland, Travis	/	\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Holland, Travis		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	''
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Howell, Joseph	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 53/135 Rpt: 56/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Howell, Joseph		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ٤)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Huitt, Andrew		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Huitt, Andrew		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Jackson, Bryan		\$3.00
	Contributor address; City; State; Zip Code		1
Dringinal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	3)
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:] Jackson, Bryan	)	Amount of Contribution (\$) \$3.00
001271202	Contributor address; City; State; Zip Code		
	Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		1	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 54/135 Rpt: 57/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	۔ is County Emergency Medical Services Employee P	AC	00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Jacobsen, Patrick	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$2.50</li></ul>
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Jacobsen, Patrick		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Jakubauskas, Eric		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Jakubauskas, Eric		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	James, Jonathan Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		1	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 55/135 Rpt: 58/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	James, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Jensen, David		\$3.00
	Contributor address; City; State; Zip Code		]
- • • •	Austin, TX 78721	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Jensen, David		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin TV 70791		
Drizoinal agai	Austin, TX 78721		
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:]	)	Amount of Contribution (\$)
05/10/2024	Jimenez, Noah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ δ)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)
05/24/2024	Jimenez, Noah		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/135 Rpt: 59/140	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	County Emergency Medical Services Employee PA		00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/10/2024	Jimenez Unzueta, Marco			\$3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Jimenez Unzueta, Marco			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
			Amount of Contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Date 05/10/2024	Johns, Edward	)		\$1.00
		)		\$1.00
	Johns, Edward	)		\$1.00
	Johns, Edward Contributor address; City; State; Zip Code	)		\$1.00
05/10/2024	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721			\$1.00
05/10/2024 Principal occup	Johns, Edward Contributor address; City; State; Zip Code	Employer (See Instructions)		\$1.00
05/10/2024	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721			\$1.00
05/10/2024 Principal occup	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin		\$1.00
05/10/2024 Principal occur Medic	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Johns, Edward	Employer (See Instructions) City of Austin	)	\$1.00
05/10/2024 Principal occur Medic Date	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin	)	
05/10/2024 Principal occur Medic Date	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Johns, Edward	Employer (See Instructions) City of Austin	)	
05/10/2024 Principal occur Medic Date	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:] Johns, Edward Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	)	
05/10/2024 Principal occur Medic Date 05/24/2024	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:] Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	) Amount of Contribution (\$)	
05/10/2024 Principal occur Medic Date 05/24/2024 Principal occur	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:] Johns, Edward Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	) Amount of Contribution (\$)	
05/10/2024 Principal occur Medic Date 05/24/2024	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:] Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	) Amount of Contribution (\$)	
05/10/2024 Principal occur Medic Date 05/24/2024 Principal occur Medic Date	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	) Amount of Contribution (\$)	\$1.00
05/10/2024 Principal occur Medic Date 05/24/2024 Principal occur Medic	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	) Amount of Contribution (\$)	
05/10/2024 Principal occur Medic Date 05/24/2024 Principal occur Medic Date	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	) Amount of Contribution (\$)	\$1.00
05/10/2024 Principal occur Medic Date 05/24/2024 Principal occur Medic Date	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	) Amount of Contribution (\$)	\$1.00
05/10/2024 Principal occur Medic Date 05/24/2024 Principal occur Medic Date	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	) Amount of Contribution (\$)	\$1.00
05/10/2024 Principal occur Medic Date 05/24/2024 Principal occur Medic Date 05/10/2024	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	\$1.00
05/10/2024 Principal occur Medic Date 05/24/2024 Principal occur Medic Date 05/10/2024	Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	\$1.00

			1 Total pages Schedule A1:	
The Instruc	ction Guide explains how to complete this	form.	Sch: 57/135 Rpt: 60/140	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	s)
	County Emergency Medical Services Employee P		00053202	- /
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/24/2024	Johnson, Andy		\$	\$5.00
	6 Contributor address; City; State; Zip Code			
Dringingloccu	Austin, TX 78721 pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic	אנוטאראטאנוופו (אווי (אווי נוטאל)	City of Austin		
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 05/10/2024	Full name of contributor Dut-of-state PAC (ID#: Junod, Joseph	)	Amount of Contribution (\$)	\$3.00
00/10/2024			Ψ	0.00
	Continuation address, City, State, Lip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Junod, Joseph		\$	63.00
	Contributor address; City; State; Zip Code			
	•			
	Austin TX 78721			
Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Emplover (See Instructions)		
Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
		City of Austin	Amount of Contribution (\$)	
Medic	pation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	51.40
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	\$1.40
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan	City of Austin	Amount of Contribution (\$)	51.40
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$1.40
Medic Date 05/10/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$) \$	\$1.40
Medic Date 05/10/2024 Principal occu	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan Contributor address; City; State; Zip Code	City of Austin ) Employer (See Instructions)	Amount of Contribution (\$) \$	51.40
Medic Date 05/10/2024 Principal occu Medic	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) \$	<u>5</u> 1.40
Medic Date 05/10/2024 Principal occu Medic Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:         Kalinowski, Jonathan         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occu Medic	pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	§1.40
Medic Date 05/10/2024 Principal occu Medic Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:         Kalinowski, Jonathan         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occu Medic Date	pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occu Medic Date	pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occu Medic Date 05/24/2024	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#: Kalinowski, Jonathan         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#: Kalinowski, Jonathan         Contributor address; City; State; Zip Code	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$) \$	

The Instru	ation Cuido explaine how to complete this t	form	1 Total pages Schedule A1:
	The Instruction Guide explains how to complete this form.		Sch: 58/135 Rpt: 61/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Kaminowitz, Robert		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/24/2024	Kaminowitz, Robert		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	c)
Medic		City of Austin	2)
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
05/10/2024	Kane, Mikel	/	\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Kane, Mikel	)	Amount of Contribution (\$) \$1.00
0012412024	Contributor address; City; State; Zip Code		ψ±
	Continuation dualess, City, State, Lip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Keef, Sean		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	-		Sch: 59/135 Rpt: 62/140
	s County Emergency Medical Services Employee P	AC	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of Contribution (\$)
05/24/2024	Keef, Sean		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721	T	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
			· · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024			\$5.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Kelly, Nolan		\$5.27
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	·)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Kingsbury, Dillon		\$3.00
	Contributor address; City; State; Zip Code		
D in single and	Austin, TX 78721		Į
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Kingsbury, Dillon	)	Amount of Contribution (\$) \$3.00
00/24/2024			ψυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 60/135 Rpt: 63/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Kirmanidis, Andre		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721	 	
	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Kirmanidis, Andre		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Knauer, Andrew	/	\$3.00
00,20,202	Contributor address; City; State; Zip Code		· · · · · · ·
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Knauer, Andrew		\$3.00
	Contributor address; City; State; Zip Code		1
Dringingl oogu	Austin, TX 78721	Employer (Cool Instructions	-
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
03/10/2024	Knight, Aaron		φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	

<b>The Instruction Guide explains how to complete this form.</b> <b>2</b> FILER NAME	<b>1</b> Total pages Schedule A1:
2 EILER NAME	Sch: 61/135 Rpt: 64/140
	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
05/24/2024 Knight, Aaron	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
	r (See Instructions)
Medic City of A	Nustin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Koller, Joel	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)
Medic City of A	lustin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/24/2024 Koller, Joel	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	r (See Instructions)
Medic City of A	ustin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Koller, Steven	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	r (See Instructions)
	lustin
Medic City of A	) Amount of Contribution (\$)
Medic     City of A       Date     Full name of contributor     out-of-state PAC (ID#:	
Date     Full name of contributor     out-of-state PAC (ID#:	\$3.00
Date Full name of contributor out-of-state PAC (ID#:	
Date     Full name of contributor     out-of-state PAC (ID#:	
Date     Full name of contributor     out-of-state PAC (ID#:	
Date     Full name of contributor     out-of-state PAC (ID#:	
Date       Full name of contributor       out-of-state PAC (ID#:	
Date       Full name of contributor       out-of-state PAC (ID#:	r (See Instructions)

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1: Sch: 62/135 Rpt: 65/140         Image: Filler NAME Austin Travis County Emergency Medical Services Employee PAC       3 Filer ID (Ethics Commission Filers) 00053202         Image: Fill name of contributor 05/10/2024       5 Fill name of contributor Kownacki, Benjamin       0ut-of-state PAC (Der)       7 Amount of Contribution (\$) S3.00         Image: Fill name of contributor 05/10/2024       Foil name of contributor Kownacki, Benjamin       9 Employer (See Instructions) City of Austin       7 Amount of Contribution (\$) S3.00         Image: Fill name of contributor 05/24/2024       Foil name of contributor Kownacki, Benjamin Contributor address; City, State; Zip Code       Amount of Contribution (\$) S3.00         Image: Fill name of contributor 05/24/2024       Foil name of contributor Kownacki, Benjamin Contributor address; City, State; Zip Code       Amount of Contribution (\$) S3.00         Image: Contributor 05/24/2024       Full name of contributor Kraemer, Ashley Contributor address; City, State; Zip Code       Amount of Contribution (\$) S3.00         Image: Contributor 05/24/2024       Full name of contributor Kraemer, Ashley Contributor address; City, State; Zip Code       Amount of Contribution (\$) S3.00         Image: Contributor 05/24/2024       Full name of contributor Kraemer, Ashley Contributor address; City, State; Zip Code       Amount of Contribution (\$) S3.00         Image: Contributor 05/24/2024       Full name of contributor Kraemer, Ashley Contributor address; City, St
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributor out-of-state PAC (DE:)       7 Amount of Contribution (\$)         6 Contributor address: City: State: Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         7 Medic       Pull name of contributor
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 05/10/2024       5 Full name of contributor out-of-state PAC (IDF) 6 Contributor address; City: State; Zip Code       7 Amount of Contribution (\$) \$3.00         3 Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (IDF) (Austin, TX 78721       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Full name of contributor out-of-state PAC (IDF) (Austin, TX 78721       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date 05/10/2024       Full name of contributor
05/10/2024       Kownacki, Benjamin       \$3.00         6       Contributor address; City; State; Zip Code
05/10/2024       Kownacki, Benjamin       \$3.00         6       Contributor address; City, State; Zip Code
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:
Austin, TX 78721       9       Employer (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Kownacki, Benjamin       Amount of Contribution (\$)       \$3.00         05/24/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         05/10/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:
3       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City, State; Zip Code       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       S3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) \$3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) \$3.00
3       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City, State; Zip Code       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       S3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) \$3.00         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) \$3.00
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Kownacki, Benjamin       \$3.00         Contributor address, City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00         O5/10/2024       Kraemer, Ashley         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Medic       Out-of-state PAC (ID#:
Date       Full name of contributor       out-ot-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Kownacki, Benjamin       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-ot-state PAC (ID#:)         05/10/2024       Full name of contributor       out-ot-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         O5/24/2024       Full name of contributor       out-ot-state PAC (ID#:
05/24/2024       Kownacki, Benjamin       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00         O5/10/2024       Full name of contributor out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         05/10/2024         Full name of contributor       out-of-state PAC (ID#)         Ansuin, TX 78721         Amount of Contribution (\$)         05/10/2024         Full name of contributor         Other         Os/10/2024         Full name of contributor         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Principal occupation / Job title (See Instructions)         Medic         Principal occupation / Job title (See Instructions)         Medic         Date         O5/24/2024         Full name of contributor         Out-of-state PAC (ID#)         Amount of Contribution (\$)         S3.00         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Austin, TX 78721
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Kraemer, Ashley       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         O5/24/2024       Kraemer, Ashley       Amount of Contribution (\$)         Visual Austin, TX 78721       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributorout-of-state PAC (ID#:) Kraemer, Ashley       Amount of Contribution (\$) \$3.00         05/10/2024       Kraemer, Ashley       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Kraemer, Ashley         Date       Full name of contributor out-of-state PAC (ID#:) Kraemer, Ashley         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Kraemer, Ashley       Amount of Contribution (\$) \$3.00         Austin, TX 78721       Austin, TX 78721       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributorout-of-state PAC (ID#:) Kraemer, Ashley       Amount of Contribution (\$) \$3.00         05/10/2024       Kraemer, Ashley       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Kraemer, Ashley         Date       Full name of contributor out-of-state PAC (ID#:) Kraemer, Ashley         05/24/2024       Full name of contributor out-of-state PAC (ID#:) Kraemer, Ashley       Amount of Contribution (\$) \$3.00         Austin, TX 78721       Austin, TX 78721       Amount of Contribution (\$)
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Kraemer, Ashley       amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       austin, TX 78721       amount of Contributor       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Amount of Contribution (\$)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Kraemer, Ashley       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         05/24/2024       Full name of contributor         Austin, TX 78721       Amount of Contribution (\$)         State; Zip Code       Amount of Contribution (\$)         State; Zip Code       State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)
05/10/2024       Kraemer, Ashley       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Kraemer, Ashley       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state; Zip Code         Austin, TX 78721       Amount of Contribution (\$)
Contributor address; City; State; Zip Code   Austin, TX 78721     Principal occupation / Job title (See Instructions) Medic   Employer (See Instructions) City of Austin City of Austin  Date Full name of contributor O5/24/2024 Kraemer, Ashley Contributor address; City; State; Zip Code Austin, TX 78721  Austin, TX 78721
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic     Employer (See Instructions) City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       05/24/2024     Kraemer, Ashley       Contributor address; City; State; Zip Code       Austin, TX 78721
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Kraemer, Ashley         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Kraemer, Ashley         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Kraemer, Ashley         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/24/2024     Kraemer, Ashley     S3.00       Contributor address; City; State; Zip Code     Austin, TX 78721     Image: City of Austin
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Kraemer, Ashley       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721
05/24/2024 Kraemer, Ashley \$3.00 Contributor address; City; State; Zip Code Austin, TX 78721
Contributor address; City; State; Zip Code Austin, TX 78721
Austin, TX 78721
Medic City of Austin
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/10/2024     Krampitz, Casey     \$1.30
03/10/2024   Nampiz, Casey
Contributor addroso: City State: Zin Code
Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code
Austin, TX 78721
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 63/135 Rpt: 66/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Krampitz, Casey		\$1.30
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Kraus, Stephen		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Kraus, Stephen		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Krycia, Noah		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Krycia, Noah		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 64/135 Rpt: 67/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/10/2024	Kurtze, Benedict		\$3.00
	6 Contributor address; City; State; Zip Code		1
• Drincinal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	~\
Medic		City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Lamoureux, Nicholas		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Lamoureux, Nicholas		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)
05/10/2024	Lancaster, Eric		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

			1 Total pages Schedule A1:
The Instrue	The Instruction Guide explains how to complete this form.		Sch: 65/135 Rpt: 68/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Lancaster, Eric		\$2.50
	6 Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)
Medic		City of Austin	7
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/10/2024	LeFan, Rebecca		\$2.00
			1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	LeFan, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Leibin, Michael		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	<i>'</i> ,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/24/2024	Leibin, Michael		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
1			

The Instruction Guide explains how to complete this form.       Sch: 66/135 Rpt: 69/140         2 FILER NAME       3 Filer ID (Ethics Commission Filers) 00053202         Austin Travis County Emergency Medical Services Employee PAC       3 Filer ID (Ethics Commission Filers) 00053202         05/10/2024       5 Full name of contributor       out-of-state PAC (Dur)         1 Date 05/10/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         1 Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         2 Principal occupation / Job title (See Instructions) Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         2 Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         2 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         2 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         2 Principal occupation / Job title (See Instructions) City of Austin       Amount of Contribution (\$)         2 Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         2 Principal occupation / Job tit
Austin Travis County Emergency Medical Services Employee PAC       00053202         I Date 05/10/2024       5       Full name of contributor Lesley, Brian       austin, TX 78721       7       Amount of Contribution (\$) 5 Contributor address; City: State; Zip Code       \$       State; Zip Code       \$       State; Zip Code       \$       State; Zip Code       \$       \$       State; Zip Code       \$       \$       State; Zip Code       \$
1 Date       5 Full name of contributor       out-of-state PAC (DE:
05/10/2024       Lesley, Brian       \$3.00         6       Contributor address; City; Slate; Zip Code       \$3.00         7       Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor
6       Contributor address: City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (IDIE:       City of Austin
6       Contributor address; City, State; Zip Code         Austin, TX 78721       Principal occupation / Job title (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#
Principal occupation / Job title (See Instructions) <ul> <li>Employer (See Instructions)</li> <li>City of Austin</li> </ul> Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)              \$3.00         O5/24/2024       Lesley, Brian       S3.00              Contributor address; City; State; Zip Code        Amount of Contribution (\$)              \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)              City of Austin              S1.00         Date       O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         Date       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code
Principal occupation / Job title (See Instructions) <ul> <li>Employer (See Instructions)</li> <li>City of Austin</li> </ul> Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)              \$3.00         O5/24/2024       Lesley, Brian       S3.00              Contributor address; City; State; Zip Code        Amount of Contribution (\$)              \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)              City of Austin              S1.00         Date       O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         Date       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code
Principal occupation / Job title (See Instructions) <ul> <li>Employer (See Instructions)</li> <li>City of Austin</li> </ul> Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)              \$3.00         O5/24/2024       Lesley, Brian       S3.00              Contributor address; City; State; Zip Code        Amount of Contribution (\$)              \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)              City of Austin              S1.00         Date       O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         O5/10/2024       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00         Date       Full name of contributor       out-of-state PAC (ID#:)              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code              Amount of Contribution (\$)             S1.00             Contributor address; City; State; Zip Code
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Lesley, Brian       \$3.00         Contributor address; City: State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PA
O5/24/2024       Lesley, Brian       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O5/10/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor         O5/10/2024       Lester, Christopher         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City, State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Medic         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Contributor address; City; State; Zip Code         Austin, TX 78721
Contributor address; City; State; Zip Code
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Lester, Christopher       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Lester, Christopher       S1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Lester, Christopher       S1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Leyva, Andrew       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Lester, Christopher       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Lester, Christopher       S1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Lester, Christopher       S1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Leyva, Andrew       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Lester, Christopher         05/24/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         05/24/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) \$1.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$1.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$1.00         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) <td< td=""></td<>
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00         O5/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00       \$1.00         Medic       Contributor address; City; State; Zip Code       Employer (See Instructions)       \$1.00         Medic       Contributor address; City; State; Zip Code       City of Austin       \$1.00         Date       Full name of contributor       out-of-state PAC (ID#:
05/10/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occuzion / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Employer (See Instructions)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.00         Medic       City of Austin       City of Austin       \$1.00         Date       Full name of contributor
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor
Austin, TX 78721       Employer (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Lester, Christopher       Amount of Contribution (\$)         05/24/2024       Lester, Christopher       \$1.00         O5/24/2024       Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Leyva, Andrew       Amount of Contribution (\$) S3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       \$1.00         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Leyva, Andrew       \$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       \$1.00         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00
05/24/2024       Lester, Christopher       \$1.00         Contributor address; City; State; Zip Code       \$1.00         Austin, TX 78721       Employer (See Instructions)         Medic       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Leyva, Andrew       \$3.00
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         05/10/2024         Leyva, Andrew         \$3.00
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic     Employer (See Instructions) City of Austin       Date     Full name of contributor out-of-state PAC (ID#:) Leyva, Andrew     Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/10/2024     Leyva, Andrew     \$3.00
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/10/2024     Leyva, Andrew     \$3.00
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/10/2024     Leyva, Andrew     \$3.00
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/10/2024     Leyva, Andrew     \$3.00
05/10/2024 Leyva, Andrew \$3.00
05/10/2024 Leyva, Andrew \$3.00
Contributor address; City; State; Zip Code
Austin, TX 78721
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Medic City of Austin

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 67/135 Rpt: 70/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P/	AC	00053202
4 Date 05/24/2024	5 Full name of contributor out-of-state PAC (ID#: Leyva, Andrew	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Lidster, Matthew		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
05/24/2024	Lidster, Matthew		\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Lindsay, Ross		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۶)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Lindsay, Ross		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	

The Instruct	ion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 68/135 Rpt: 71/140	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	lers)
	County Emergency Medical Services Employee PA		00053202	1010,
4 Date 5	Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/10/2024	Lines, Bradley			\$4.50
6	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	tion / Job title (See Instructions)	9 Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/24/2024	Lines, Bradley			\$4.50
[""	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	tion / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/10/2024	Lopez, Cindy			\$3.00
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code Austin, TX 78721			
	Contributor address; City; State; Zip Code	Employer (See Instructions)	)	
Principal occupa Medic	Contributor address; City; State; Zip Code Austin, TX 78721			
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 tion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) City of Austin	) Amount of Contribution (\$)	
Medic	Contributor address; City; State; Zip Code Austin, TX 78721 tion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:Lopez, Cindy	Employer (See Instructions) City of Austin		\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 tion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) City of Austin		\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 tion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Lopez, Cindy	Employer (See Instructions) City of Austin		\$3.00
Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin		\$3.00
Medic Date 05/24/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         tion / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024 Principal occupa	Contributor address; City; State; Zip Code          Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         tion / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024 Principal occupa Medic Date Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Ition / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721         Ition / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occupa Medic	Contributor address; City; State; Zip Code          Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721         Austin, TX 78721	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$3.00
Medic Date 05/24/2024 Principal occupa Medic Date Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Ition / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721         Ition / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occupa Medic Date Date	Contributor address; City; State; Zip Code          Austin, TX 78721         tion / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721         Austin, TX 78721         Austin, TX 78721         Ition / Job title (See Instructions)         Full name of contributor         Ition / Job title (See Instructions)         Full name of contributor         Lopez, Lindsay	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occupa Medic Date Date	Contributor address; City; State; Zip Code          Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Lopez, Lindsay         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occupa Medic Date 05/10/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Lopez, Lindsay         Contributor address; City; State; Zip Code         Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Lopez, Lindsay         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions) City of Austin ) Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	
Medic Date 05/24/2024 Principal occupa Medic Date 05/10/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Lopez, Cindy         Contributor address; City; State; Zip Code         Austin, TX 78721         ttion / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Lopez, Lindsay         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 69/135 Rpt: 72/140	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	)	
	s County Emergency Medical Services Employee P/	AC	00053202	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/24/2024	Lopez, Lindsay		\$3	3.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Medic		City of Austin		
Date		)	Amount of Contribution (\$)	
05/10/2024	Lopez, Ramon		\$3	3.00
	Contributor address; City; State; Zip Code			
	Austin TV 70701			
Dringing ago	Austin, TX 78721			
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)	
			T	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024			\$3	3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Medic		City of Austin	<i>'</i>	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/10/2024	Full name of contributor out-of-state PAC (ID#: Lozano Avila, Victor	)	Amount of Contribution (\$)	3.00
00/10/2027			· · ·	5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Medic	•	City of Austin		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)	
05/24/2024	Lozano Avila, Victor			3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Medic		City of Austin		

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 70/135 Rpt: 73/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Lydon, Cassandra		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Lydon, Cassandra		\$1.00
	Contributor address; City; State; Zip Code		1
- • • •	Austin, TX 78721	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Lynch, Brian		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Dringinal occu	austin, 1X 78721 upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Lynch, Brian		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	β)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Malgieri, Anthony		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 71/135 Rpt: 74/140
2 FILE	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Aus	stin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date 05/2	e 24/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Malgieri, Anthony</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$3.00
- Driv		Austin, TX 78721		
8 Prin Meo		pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)
Date	e	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/2	10/2024	Mallon, Paul		\$1.00
		Contributor address; City; State; Zip Code Austin, TX 78721		
Prin	cinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Med			City of Austin	)
		Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date	e 24/2024	Full name of contributor out-of-state PAC (ID#: Mallon, Paul	)	Amount of Contribution (\$) \$1.00
0.572	24/2024	Contributor address; City; State; Zip Code		ψ1.00
Prin		Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	
Мес			City of Austin	) 
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/2	10/2024	Malone, Jordan		\$3.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
Prin Meo		pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)
Date	e	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/2	24/2024	Malone, Jordan Contributor address; City; State; Zip Code		\$3.00
		Austin, TX 78721		
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ;)
Мес		,	City of Austin	,
			<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 72/135 Rpt: 75/140	
2 FILER NAME			3 Filer ID (Ethics Commission File	rs)
	s County Emergency Medical Services Employee P	AC	00053202	13)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/10/2024	Mancia Covarrubias, Adonay			\$3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/24/2024	Mancia Covarrubias, Adonay			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2024	05/10/2024 Mancias, Vivian Contributor address; City; State; Zip Code			\$3.00
	······································			
	Austin, TX 78721			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/24/2024	Mancias, Vivian			\$3.00
	Contributor address; City; State; Zip Code			
	······································			
	Austin, TX 78721			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2024 Martin, Denise				\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	) 3)	
Medic	· · · ·	City of Austin		

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 73/135 Rpt: 76/140	
2	2 FILER NAME			3	Filer ID (Ethics Commission F	ilers)
		s County Emergency Medical Services Employee PA	AC		00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/24/2024	Martin, Denise				\$3.00
		6 Contributor address; City; State; Zip Code		"		
		Austin TV 70701				
0	Drincinal occu	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions			
8	Medic		City of Austin	S)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀር በበ
	05/10/2024					\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_		Т	Amount of Contribution (\$)	
	05/24/2024	Martin, Emily	/		Allound of Contribution (+)	\$5.00
	00,2	Contributor address; City; State; Zip Code		·		<b>T -</b> · · · ·
		Austin, TX 78721				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	05/10/2024	Martin, Noah				\$3.00
		Contributor address; City; State; Zip Code		"		
		Austin, TX 78721	1			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/24/2024	Martin, Noah				\$3.00
		Contributor address; City; State; Zip Code				
		Austin TV 70701				
	Dringingl oog	Austin, TX 78721		<u> </u>		
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		
	Medic					
1						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
			Sch: 74/135 Rpt: 77/140
2 FILER NAME Austin Travis	s County Emergency Medical Services Employee P.		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Martinez, Henry	)	7 Amount of Contribution (\$) \$1.00
0011012024	-		, ,
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Martinez, Henry		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	3)
		-	Amount of Contribution (\$)
Date 05/10/2024	Full name of contributor out-of-state PAC (ID#: Mason, Bryan	)	Amount of Contribution (\$) \$4.50
00/10/2027	Contributor address; City; State; Zip Code		φτ.συ
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Mason, Bryan		\$4.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Maxwell, Aaron	/	\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	orm.	Sch: 75/135 Rpt: 78/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Maxwell, Aaron		\$1.00
	6 Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	~
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/10/2024	May, Alexandra		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	May, Meghan		\$1.27
	Contributor address; City; State; Zip Code		1
Division	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
			1
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$1.27
05/24/2024	May, Meghan		φ1.2 /
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		J	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 76/135 Rpt: 79/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Mayian, Jimma		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Mayian, Jimma		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	McClelland, Sterling		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1 <u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	McClelland, Sterling		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
Medic		City of Austin	>)
Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$9.50
03/10/2024	McDaniel, Michael		φ <del>3</del> .30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>,</i> ,
meane			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 77/135 Rpt: 80/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	McDaniel, Michael		\$9.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	McGarry, Kenneth		\$2.50
	Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions)	)
	<b></b>	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024			\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<i></i>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	McIntire, Morgan		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	L;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	McIntire, Morgan		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	austin, TX 78721 apation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 78/135 Rpt: 81/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: McLaughlin, Kathleen	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	McLaughlin, Kathleen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	6)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	McNiff, Katie		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	McNiff, Katie		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Medina, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic	,	City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 79/135 Rpt: 82/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Medina, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Megally, Maureen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Megally, Maureen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Mendez, Corey		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Mendez, Corey		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		-
	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	

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The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/135 Rpt: 83/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/10/2024	Mestaz, Thomas		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Mestaz, Thomas		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	b)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Miller, Matthew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	b)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Miller, Matthew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Mireles, Guadalupe		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()
Medic		City of Austin	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 81/135 Rpt: 84/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Mireles, Guadalupe		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Molinelli, Nicholas		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin TV 70701		
Dringing ogg	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Molinelli, Nicholas		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Full name of contributor out-of-state PAC (ID#: Monson, Nancy	)	Amount of Contribution (\$) \$1.00
00/10/2027			φ±
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	β)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Monson, Nancy		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 82/135 Rpt: 85/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/10/2024	Moore, Garrett		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	<b>)</b>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Moore, Garrett		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions)	<i>.</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Morris, Kyle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		-
	pation / Job title (See Instructions)	Employer (See Instructions)	.)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Morris, Kyle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	() ;)
Medic	,	City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Morrison, Timothy	/	\$3.00
	Contributor address; City; State; Zip Code		
	Contributor address, Gity, State, Eip Soute		
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Medic	•	City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 83/135 Rpt: 86/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Morrison, Timothy		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin TV 70791		
• Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Medic		City of Austin	>/
			Amount of Contribution (\$)
Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$2.00
03/10/2024	Morton, Rebecca		φ2.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)
Medic	· · · ·	City of Austin	, ,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Morton, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Muniz, Brian		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Muniz, Brian		\$2.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721	•	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 84/135 Rpt: 87/140
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
05/10/2024 Murphy, Michelle	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (See	
Medic City of Austin	
Date         Full name of contributor         out-of-state PAC (ID#:)	) Amount of Contribution (\$)
05/24/2024 Murphy, Michelle	\$3.00
Contributor address; City; State; Zip Code	
Auctin TV 70701	
Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See	lastruations)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$) \$3.00
	φο.υυ
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/24/2024 Nance, Megan	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See	
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Negron, Luis	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Medic City of Austin	
Medic City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 85/135 Rpt: 88/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date 05/24/2024	5 Full name of contributor out-of-state PAC (ID#: Negron, Luis		7 Amount of Contribution (\$) \$3.00
	<ul> <li>6 Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721</li> </ul>		
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Nelson, William		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	-	
-	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Nelson, William		\$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	»,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Nguyen, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Nguyen, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	3)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 86/135 Rpt: 89/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Noak, Darren		\$2.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Noak, Darren		\$2.50
			4
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic	•	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/10/2024	Noble, Keith	/	\$5.00
00/10/202	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic	•	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Noble, Keith	/	\$5.00
00/2 1/202 1			
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	,	City of Austin	-,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Noftle, Rachel	)	\$3.00
03/10/2024			
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	~\
Medic		City of Austin	>)

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 87/135 Rpt: 90/140	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	S County Emergency Medical Services Employee P	4C	00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/24/2024	Noftle, Rachel		\$3	.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78721	· · · · · · · · · · · · · · · · · · ·		
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2024	Nudelman, Lee		\$5	.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721	•		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Nudelman, Lee		\$5	.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721	•		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2024	Olivarez, Dominique		\$3	.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721	•	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Olivarez, Dominique		\$3	.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Medic		City of Austin		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 88/135 Rpt: 91/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Olivo, Nicholas		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Olivo, Nicholas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Orr, John		\$3.00
	Contributor address; City; State; Zip Code		
Duits singly again	Austin, TX 78721		,
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
			F
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Orr, John		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Orr, Valeria		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.	
2 FILER NAME	1 Total pages Schedule A1: Sch: 89/135 Rpt: 92/140
	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/24/2024 Orr, Valeria	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)	
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/10/2024 Pailes, Kenneth	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/24/2024 Pailes, Kenneth	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/10/2024 Palmer, Jacob	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Medic City of Austin	
	Amount of Contribution (\$)
Medic City of Austin	Amount of Contribution (\$) \$5.00
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Palmer, Jacob	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Palmer, Jacob	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Palmer, Jacob	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Palmer, Jacob     Contributor address; City; State; Zip Code	\$5.00
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Palmer, Jacob     Contributor address; City; State; Zip Code       Austin, TX 78721     Austin, TX 78721	\$5.00

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
			Sch: 90/135 Rpt: 93/140
2 FILER NAME	s County Emergency Medical Services Employee P.	٨٢	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date			
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Patterson, Roger	/	7 Amount of Contribution (\$) \$4.50
00/10/202 .	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5) 
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Patterson, Roger		\$4.50
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	»)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Pearson, Kayla	/	\$3.00
00.20.22	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Pearson, Kayla		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Perry, Sean		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 91/135 Rpt: 94/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P/	AC	00053202
4 Date 05/24/2024	5 Full name of contributor out-of-state PAC (ID#: Perry, Sean		7 Amount of Contribution (\$) \$3.00
	<ul> <li>6 Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721</li> </ul>		
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Phillips, Heather		\$1.00
	Contributor address; City; State; Zip Code		
Drizzinal agai	Austin, TX 78721		-
	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Phillips, Heather		\$1.00
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Phillips, Kyle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Phillips, Kyle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 92/135 Rpt: 95/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)
05/10/2024	Pizzonia, Alexander		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Pizzonia, Alexander		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Plewacki, Thomas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Plewacki, Thomas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<i>.</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Poss, Lauren		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 93/135 Rpt: 96/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Poss, Lauren		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Powell-Evans, Simon		\$5.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Powell-Evans, Simon		\$5.00
			4
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Powers, Kristy		\$2.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Powers, Kristy		\$2.50
	Contributor address; City; State; Zip Code		•
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	<i>'</i>
		,	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 94/135 Rpt: 97/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 05/10/2024	5 Full name of contributor out-of-state PAC (ID#: Price, Amber	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$2.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Price, Amber		\$2.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Pruiett, Cayden	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Pruiett, Cayden		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/10/2024	Puckett, James		\$2.30
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1:
		01111.	Sch: 95/135 Rpt: 98/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Puckett, James		\$2.30
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	Σ δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Pursley, Shaun		\$2.00
	Contributor address; City; State; Zip Code		1
<u>_</u>	Austin, TX 78721	1	<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Pursley, Shaun		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>Γ</u> δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/10/2024	Quiroz Mendez, Jesus		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Quiroz Mendez, Jesus		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 96/135 Rpt: 99/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Rafferty, Zachary		\$13.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>n</u> 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Rafferty, Zachary		\$13.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024	Ramirez, Alexandra		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Ramirez, Alexandra		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/10/2024	Ramos, Duane		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 97/135 Rpt: 100/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Ramos, Duane		\$3.0
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Rasmussen, Nathan		\$9.5
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
•	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Rasmussen, Nathan		\$9.5
	Contributor address; City; State; Zip Code		1
Di indaan	Austin, TX 78721		Į
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	3)
		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Rasmussen, Rebecca		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	~\
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Rasmussen, Rebecca		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	<i>''</i>
medie			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 98/135 Rpt: 101/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Rattan, MaKena		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Rattan, MaKena		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Rawn, Madison		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/24/2024	Rawn, Madison		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Reader, Robert		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	~\
Medic		City of Austin	»)
wiedie			

ers) \$3.00 \$1.30
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\$3.00
\$3.00

Guide explains how to complete this form.       1 Total pages Schedule A1: Sch: 100/135 Rpt: 103/140         ty Emergency Medical Services Employee PAC       3 Filer ID (Ethics Commission Filers) 00053202         I name of contributor       out-of-state PAC (ID#:)         gier, Natalie       7 Amount of Contribution (\$)
ty Emergency Medical Services Employee PAC       00053202         I name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)
ty Emergency Medical Services Employee PAC       00053202         I name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)
gier, Natalie \$3.00
ntributor address; City; State; Zip Code
stin, TX 78721
Job title (See Instructions)     9 Employer (See Instructions)
City of Austin
I name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
gier, Natalie \$3.00
ntributor address; City; State; Zip Code
stin, TX 78721
Job title (See Instructions)     Employer (See Instructions)
City of Austin
I name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
illy, Susanna \$3.00
ntributor address; City; State; Zip Code
stin, TX 78721
Job title (See Instructions)     Employer (See Instructions)       City of Auctin
ntributor address; City; State; Zip Code
stin, TX 78721
Job title (See Instructions) Employer (See Instructions)
City of Austin
I name of contributorout-of-state PAC (ID#:) Amount of Contribution (\$)
yes, Christopher \$3.00
yes, Christopher \$3.00
yes, Christopher \$3.00
yes, Christopher \$3.00 ntributor address; City; State; Zip Code
City of Austin         I name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)         illy, Susanna         Intributor address; City; State; Zip Code         stin, TX 78721         Job title (See Instructions)         Employer (See Instructions)

The Instruction Guide explains how to complete this form.	
	1 Total pages Schedule A1: Sch: 101/135 Rpt: 104/140
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	) <b>7</b> Amount of Contribution (\$)
05/24/2024 Reyes, Christopher	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	l tions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Rice, Larry	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:)	) Amount of Contribution (\$)
05/24/2024 Rice, Larry	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)Employer (See InstructMedicCity of Austin	tions)
Date Full name of contributor out-of-state PAC (ID#:)	) Amount of Contribution (\$)
05/10/2024 Richter, Lauren	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:)	) Amount of Contribution (\$)
05/24/2024 Richter, Lauren	\$3.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Austin, TX 78721	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instruct	tions)
Austin, TX 78721	tions)

The Instruct	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 102/135 Rpt: 105/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee PA		00053202
4 Date 5	5 Full name of contributor out-of-state PAC (ID#:	) 7	7 Amount of Contribution (\$)
05/10/2024	Risinger, Russell		\$2.00
ë	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Risinger, Russell		\$2.00
··	Contributor address; City; State; Zip Code		
	• · · · ·		
	Austin, TX 78721		
	ation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Rivera, Nathaniel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/24/2024	Rivera, Nathaniel	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ation / Job title (See Instructions)	Employer (See Instructions)	
Principal occupa Medic		City of Austin	
Medic Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Medic			Amount of Contribution (\$) \$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:		
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea		
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea Contributor address; City; State; Zip Code		
Medic Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	\$3.00
Medic Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea Contributor address; City; State; Zip Code		\$3.00

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 103/135 Rpt: 106/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Rocha, Andrea		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		L
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Rodgers, Jared		\$2.5
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u>.</u>
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Rodgers, Jared		\$2.5
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u>`````````````````````````````````````</u>
Medic		City of Austin	)
		<u> </u>	Amount of Contribution (\$)
Date 05/10/2024	Full name of contributor out-of-state PAC (ID#: Podriguez_Apdrew/	)	Amount of Contribution (\$) \$3.0
03/10/2024	Rodriguez, Andrew		φο.υ
	Contributor address; City; State; Zip Code		
	I		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	, ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Rodriguez, Andrew	/	\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 104/135 Rpt: 107/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Rodriguez, Giovanni		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Rodriguez, Giovanni		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Roe, Lillian		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Roe, Lillian		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Rogers, Darren		\$1.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
Wicuic			
1			

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1: Sch: 105/135 Rpt: 108/1         2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC       3 Filer ID (Ethics Commission 00053202)         4 Date 05/24/2024       5 Full name of contributor out-of-state PAC (ID#:) Rogers, Darren       7 Amount of Contribution (\$)         6 Contributor address; City; State; Zip Code       7	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         05/24/2024       Rogers, Darren       7       Amount of Contribution (\$)	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         05/24/2024       Rogers, Darren       7       Amount of Contribution (\$)	on ⊢ilers)
05/24/2024 Rogers, Darren	
	\$1.30
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)	
Medic City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	
05/10/2024 Rogers, Wesley	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
05/24/2024 Rogers, Wesley	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/10/2024     Romo, Jodeci	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	\$3.00
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/10/2024     Romo, Jodeci	\$3.00
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/10/2024     Romo, Jodeci	\$3.00
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/10/2024     Romo, Jodeci	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci       Contributor address; City; State; Zip Code       Amount of Contribution (\$)	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Amount of Contribution (\$)	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Romo, Jodeci	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 106/135 Rpt: 109/140	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Rose, Donald		\$2.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Rose, Donald		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<i></i>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Rutledge, Lindsey		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Rutledge, Lindsey		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	<i>)</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Salmeron, Alejandro		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	<i>.</i> )
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 107/135 Rpt: 110/140	
2 FILER NAME		:	<b>3</b> Filer ID (Ethics Commission File	rs)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202	
4 Date 05/24/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>Salmeron, Alejandro</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$)	\$3.00
8 Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2024	Sandoval Ruano, Edward			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/24/2024	Sandoval Ruano, Edward		\$	\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
	Pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	
Medic	· · ·	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Santiago, Sabrina Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Santiago, Sabrina Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/10/2024 Principal occu Medic Date	Full name of contributor       out-of-state PAC (ID#:_         Santiago, Sabrina       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occu Medic	Full name of contributor       out-of-state PAC (ID#:_         Santiago, Sabrina       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Santiago, Sabrina       Out-of-state PAC (ID#:_	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 05/10/2024 Principal occu Medic Date	Full name of contributor       out-of-state PAC (ID#:_         Santiago, Sabrina       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occu Medic Date	Full name of contributor       out-of-state PAC (ID#:_ Santiago, Sabrina         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:_ Santiago, Sabrina	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 05/10/2024 Principal occu Medic Date 05/24/2024	Full name of contributor       out-of-state PAC (ID#:_         Santiago, Sabrina       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Santiago, Sabrina       Contributor address; City; State; Zip Code	City of Austin ) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	

The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/135 Rpt: 111/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/10/2024	Scamman, Alexis		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Scamman, Alexis		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Schickel, Matthew		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Schickel, Matthew		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occur	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/10/2024	Full name of contributor out-of-state PAC (ID#: Schulz, Douglas	)	Amount of Contribution (\$) \$1.30
03/10/2027	-		ψ1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	)

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 109/135 Rpt: 112/140	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Schulz, Douglas		\$1.30
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Schutt, Kyle		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Schutt, Kyle		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date		)	Amount of Contribution (\$)
05/10/2024	Scott, Austin		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Scott, Austin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

6       Contributor address; City; State; Zip Code         Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/10/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         05/10/2024       Shelton-Collins, Marcus       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (D#:	2 FILER NAME	on Guide explains how to complete this fo	orm.		
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 05/10/2024       5 Full name of contributor Sedillo, Gabriel					ľ
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 05/10/2024       5 Full name of contributor Sedillo, Gabriel 6 Contributor address; City; State; Zip Code Austin, TX 78721       7 Amount of Contribution (\$) Sedillo, Gabriel 6 Contributor address; City; State; Zip Code Austin, TX 78721       7 Employer (See Instructions) City of Austin         8 Principal occuration Medic       Full name of contributor 05/24/2024       9 Employer (See Instructions) Sedillo, Gabriel Contributor address; City, State; Zip Code       Amount of Contribution (\$) Sedillo, Gabriel Contributor address; City, State; Zip Code         Pate 05/24/2024       Full name of contributor Austin, TX 78721       Medic Contributor address; City, State; Zip Code       Amount of Contribution (\$) Shelton-Collins, Marcus         Date 05/10/2024       Full name of contributor Shelton-Collins, Marcus       Out-of-state PAC (Dir:) Austin, TX 78721       Amount of Contribution (\$) Shelton-Collins, Marcus         Principal occuration / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Shelton-Collins, Marcus         Principal occuration / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Shelton-Collins, Marcus         Date 05/24/2024       Full name of contributor Shelton-Collins, Marcus       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Shelton-Collins, Marcus         Oster of full name of contributor 05/24/2024       Full na				<b>3</b> Filer ID (Ethics Commission Filers)	
05/10/2024       Sedillo, Gabriel       State: Zip Code         6       Contributor address; City: State: Zip Code       Austin, TX 78721         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (Der		ounty Emergency Medical Services Employee PA			
i       Contributor address; City; State; Zip Code         Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic       Perployer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         05/24/2024       Sedillo, Gabriel       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         05/10/2024       Shelton-Collins, Marcus       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         05/10/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)	4 Date 5	Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (D#:) Sedillo, Gabriel Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/10/2024       Full name of contributor out-of-state PAC (D#:)       Amount of Contribution (\$)         Date 05/10/2024       Full name of contributor out-of-state PAC (D#:)       Amount of Contribution (\$)         Date 05/10/2024       Full name of contributor out-of-state PAC (D#:)       Amount of Contribution (\$)         Stelton-Collins, Marcus Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       State Contributor address; City; State; Zip Code         Date 05/24/2024       Full name of contributor out-of-state PAC (D#:)       Amount of Contribution (\$)       State Contributor address; City; State; Zip Code         Date 05/24/2024       Full name of contributor out-of-state PAC (D#:)       Amount of Contribution (\$)       State Contributor address; City; State; Zip Code         Date 05/24/2024       Fu	05/10/2024			\$3	3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Sediilo, Gabriel       Amount of Contribution (\$)         Sediilo, Gabriel       Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         Os/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         Os/24/2024       Full name of contributor       Amount of Contribution (\$)       State State         Os/24/2024       Full name of contributor       Amount of Contribution (\$)       State         Os/24/2024	6				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor or out-of-state PAC (ID#:) Sedillo, Gabriel       Amount of Contribution (\$)         Sedillo, Gabriel       Sedillo, Gabriel       \$\$         Contributor address; City: State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor or out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         05/10/2024       Full name of contributor or out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         05/24/2024       Full name of contributor or out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         05/24/2024       Full name of contributor or out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         05/24/2024       Full name of contributor or out-of-state PAC (ID#:) Shelton-Collins, Marcus					
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Sediilo, Gabriel       Amount of Contribution (\$)         Sediilo, Gabriel       Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         Os/10/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         Os/24/2024       Full name of contributor       Amount of Contribution (\$)       State State         Os/24/2024       Full name of contributor       Amount of Contribution (\$)       State         Os/24/2024					
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Sedillo, Gabriel				-	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Sedillo, Gabriel       \$\$         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Shelton-Collins, Marcus         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Shelton-Collins, Marcus       \$\$         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$\$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$         Medic       Gontributor address; City; State; Zip Code       Amount of Contribution (\$)       \$\$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$         Medic       Goldense Instructions)       City of Austin       \$\$         Obj/24/2024       Full name of contributor       out-of-state PAC (ID#:		ion / Job title (See Instructions)		)	
05/24/2024       Sedillo, Gabriel       Similary Simi	I				
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         05/10/2024         Shelton-Collins, Marcus         Contributor address; City; State; Zip Code         Austin, TX 78721         Ansuin, TX 78721         Principal occupation / Job title (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributors;         City of Austin         Austin, TX 78721         Employer (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:)         Ansutin, TX 78721         Ansutin of Contributor (\$)         Size         Obj/24/2024         Shelton-Collins, Marcus         Contributor address; City; State; Zip Code         Austin, TX 78721			)		
Austin, TX 78721     Employer (See Instructions)       Medic     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/10/2024     Shelton-Collins, Marcus     Amount of Contribution (\$)       Contributor address; City; State; Zip Code     Austin, TX 78721       Principal occuration / Job title (See Instructions)     Employer (See Instructions)       Medic     Contributor address; City; State; Zip Code       Principal occuration / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:       Date     Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)     State; Zip Code       Date     Full name of contributor out-of-state PAC (ID#:)       05/24/2024     Shelton-Collins, Marcus       Contributor address; City; State; Zip Code     Amount of Contribution (\$)       Austin, TX 78721     Amount of Contributor	05/24/2024			\$3	3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributorout-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)         05/10/2024       Shelton-Collins, Marcus Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributorOut-of-state PAC (ID#:) Medic       Amount of Contribution (\$)         Date       Full name of contributorOut-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/24/2024       Full name of contributorOut-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)		Contributor address; City; State; Zip Code			
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Shelton-Collins, Marcus       State; Zip Code       Austin, TX 78721         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Amount of Contribution (\$)			Employer (See Instructions		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Shelton-Collins, Marcus       \$\$         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Shelton-Collins, Marcus       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)		Ion / Job title (See Instructions)		)	
05/10/2024       Shelton-Collins, Marcus       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721       \$1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Shelton-Collins, Marcus       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)	I				
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Obj/24/2024         Shelton-Collins, Marcus         Contributor address; City; State; Zip Code         Austin, TX 78721					
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/24/2024       Shelton-Collins, Marcus       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721	05/10/2024			\$3	3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Shelton-Collins, Marcus         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)   Medic City of Austin     Date Full name of contributor out-of-state PAC (ID#:)   05/24/2024 Shelton-Collins, Marcus   Contributor address; City; State; Zip Code Amount of Contribution (\$)   Austin, TX 78721 Austin, TX 78721					
Principal occupation / Job title (See Instructions) Employer (See Instructions)   Medic City of Austin     Date Full name of contributor out-of-state PAC (ID#:)   05/24/2024 Shelton-Collins, Marcus   Contributor address; City; State; Zip Code Amount of Contribution (\$)   Austin, TX 78721 Austin, TX 78721		Διιςtin TX 78721			
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       05/24/2024     Shelton-Collins, Marcus     Amount of Contribution (\$)       Contributor address; City; State; Zip Code     Austin, TX 78721	Principal occupati		Employer (See Instructions	<u> </u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Shelton-Collins, Marcus       \$\$         Contributor address; City; State; Zip Code       Austin, TX 78721				)	
05/24/2024 Shelton-Collins, Marcus \$3 Contributor address; City; State; Zip Code Austin, TX 78721	I	Eull name of contributor		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Austin, TX 78721			/		3.00
Austin, TX 78721		·			
		Contributor address, City, State, Zip Code			
		Austin, TX 78721			
	Principal occupati		Employer (See Instructions)		
Medic City of Austin		``````	,	, ,	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
			/		3.00
Contributor address; City; State; Zip Code					
		Austin, TX 78721			
Austin, TX 78721	Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions	.)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic	-	City of Austin		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					

The Instrue	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 111/135 Rpt: 114/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee Pa		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Sircher, Christopher		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Sklar, Estelle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Sklar, Estelle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions)	)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Slattery, Christian		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Slattery, Christian	/	Amount of Contribution (\$) \$3.00
UJI <i>L<del>*</del>ILUL*</i>			40.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	, ,

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 112/135 Rpt: 115/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date 05/10/2024			<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
00/10/202 .	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Sletten, Spencer		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>'</i> ,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/10/2024	Smith, Anthony	/	\$2.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Smith, Anthony		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	-
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Smith, Ashlyn		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 113/135 Rpt: 116/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	S County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Smith, Ashlyn		\$3.0
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Smith, Joshua		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	š)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Smith, Joshua		\$3.0
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Soto, Darae		\$3.0
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Soto, Darae		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	
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The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 114/135 Rpt: 117/140	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Stec, Ryan		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Stec, Ryan		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Stedman, Christina		\$5.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Stephens, Eric		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 115/135 Rpt: 118/140
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Stephens, Eric		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)
Medic	· · ·	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Stevens, Mitchell		\$3.00
			•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Stevens, Mitchell		\$3.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	š)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Stowe, Richard		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Stowe, Richard		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.         2       FILER NAME         Austin Travis County Emergency Medical Services Employee PAC         4       Date         05/10/2024       5         Full name of contributor       Out-of-state PAC (ID#:	<ol> <li>Total pages Schedule A1: Sch: 116/135 Rpt: 119/140</li> <li>Filer ID (Ethics Commission Filers) 00053202</li> </ol>
Austin Travis County Emergency Medical Services Employee PAC         Date       5         05/10/2024       5         Stubbs, Brian	
Austin Travis County Emergency Medical Services Employee PAC         Date       5         05/10/2024       5         Stubbs, Brian	
05/10/2024 Stubbs, Brian	00000202
	) <b>7</b> Amount of Contribution (\$)
	\$2.50
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) 9 Employer (S	
Medic City of Aus	tin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/24/2024 Stubbs, Brian	\$2.50
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Medic City of Aus	tin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/10/2024 Swanner, Emily	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Medic City of Aus	tin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/24/2024 Swanner, Emily	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Medic City of Aus	tin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
	\$3.00
05/10/2024 Swift, Patrick	
05/10/2024 Swift, Patrick	
05/10/2024 Swift, Patrick Contributor address; City; State; Zip Code	
05/10/2024 Swift, Patrick Contributor address; City; State; Zip Code Austin, TX 78721	
05/10/2024 Swift, Patrick Contributor address; City; State; Zip Code Austin, TX 78721	See Instructions)

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 117/135 Rpt: 120/140	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee P.	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024			\$3.00
	6 Contributor address; City; State; Zip Code		1
5 B1 (m)	Austin, TX 78721		Į
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 05/10/2024		)	Amount of Contribution (\$) \$1.00
00/10/2024	·		ψ±.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	-
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024		/	\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	· · · · · · · · · · · · · · · · · · ·		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	i	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Tarrillion, Matthew		\$5.00
	Contributor address; City; State; Zip Code		]
	Austin TV 70704		
Dringing ogg	Austin, TX 78721		<u> </u>
Principal occi Medic	upation / Job title (See Instructions)	Employer (See Instructions	3)
WEUL		City of Austin	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/135 Rpt: 121/140	
2 FILER NAME	2 EILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	05/10/2024 Tekamp, Austin		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Tekamp, Austin		\$3.00
	Contributor address; City; State; Zip Code		
Dringing ago	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions)	)
		City of Austin	
Date Full name of contributor out-of-state PAC (ID#:		)	Amount of Contribution (\$)
05/10/2024	Thomas, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Dale 05/24/2024	Full name of contributor out-of-state PAC (ID#: Thomas, Jonathan	)	Amount of Contribution (\$) \$3.00
0012412024	·		ψ0.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Medic	•	City of Austin	, ,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024		,	\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
			)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/135 Rpt: 122/140	
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee Pa		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Thomas, Patrick		\$2.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1 <u>-</u> - /2 kratnation	-
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/24/2024	Thompson, Garner		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Thornton, Nichole		\$3.00
	Contributor address; City; State; Zip Code		
	Auctio TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
Medic		City of Austin	)
			Amount of Contribution (\$)
Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Thornton, Nichole	)	Amount of Contribution (\$) \$3.00
0012412024	Contributor address; City; State; Zip Code		ψ0.00
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/135 Rpt: 123/140	
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	05/10/2024 Thornton, Sarah		\$2.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)		)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Thornton, Sarah		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
05/10/2024	Todd, Joshua		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Todd, Joshua		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Toole, Garrett		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 121/135 Rpt: 124/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024			\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024			\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Toole, Kaytlyn		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Torres, Gil		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	—		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/135 Rpt: 125/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- is County Emergency Medical Services Employee P/	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/10/2024			\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024			\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024			\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/24/2024	Tran, Si		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/10/2024			\$3.00
	Contributor address; City; State; Zip Code		· · · ·
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	<i>•</i>
1			

The Instruction Guide explains how to complete this Formation Sector 2013 and 20	Filers)
Austin Travis County Emergency Medical Services Employee PAC       0005320         4       Date 05/24/2024       5       Full name of contributor       out-of-state PAC (ID#:	\$3.00
Austin Travis County Emergency Medical Services Employee PAC       0005320         4       Date 05/24/2024       5       Full name of contributor       out-of-state PAC (ID#:	\$3.00
05/24/2024       Traxel, Joshua         6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	
6       Contributor address; City: State: Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions)       9         Date       Full name of contributor       out-of-state PAC (ID#:	
6       Contributor address; City; State; Zip Code	\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         Optimizing a occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         OptiO/2024       Full name	\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Trivedi, Hersh Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Pate 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)	\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) Trivedi, Hersh Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Pate 05/24/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 05/10/2024       Full name of contributor out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)	\$3.00
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Trivedi, Hersh       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Obs       Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         05/24/2024       Full name of contributor       out-of-state PAC (ID#:	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Trivedi, Hersh	\$3.00
05/10/2024       Trivedi, Hersh	\$3.00
Contributor address; City; State; Zip Code	\$3.00
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         D5/24/2024       Trivedi, Hersh       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor         05/10/2024       Full name of contributor         Date       Full name of contributor         05/10/2024       Trojanowski, Mark	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Trivedi, Hersh         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Trojanowski, Mark	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Trivedi, Hersh         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Trojanowski, Mark	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/24/2024       Trivedi, Hersh         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Trojanowski, Mark	
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Trivedi, Hersh       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/10/2024       Trojanowski, Mark       Out-of-state PAC (ID#:)       Amount of Contribution (\$)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/24/2024       Trivedi, Hersh       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         05/10/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Trojanowski, Mark       Amount of Contribution (\$)	
05/24/2024       Trivedi, Hersh         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occuration / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         05/10/2024	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         05/10/2024         Trojanowski, Mark	
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         05/10/2024       Trojanowski, Mark	\$3.00
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       05/10/2024     Trojanowski, Mark	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       05/10/2024     Trojanowski, Mark	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       05/10/2024     Trojanowski, Mark	
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/10/2024     Trojanowski, Mark     Image: Contribution of Contribution (\$)	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/10/2024     Trojanowski, Mark	
05/10/2024 Trojanowski, Mark	
	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
Date     Full name of contributor     Image: out-of-state PAC (ID#:)     Amount of Contribution (\$)	
05/24/2024 Trojanowski, Mark	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/135 Rpt: 127/140		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	s)
	- is County Emergency Medical Services Employee Pa		00053202	.,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/10/2024			\$	\$3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024			\$	63.00
	Contributor address; City; State; Zip Code			
Dringing ago	Austin, TX 78721		\	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2024			\$	\$5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin	)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Dale 05/24/2024		)		5.00
0012412027			Ψ.	0.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2024	— —			63.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Medic Date 05/10/2024 Principal occu	Image: participation / Job title (See Instructions)         Full name of contributor       Image: participation out-of-state PAC (ID#:	City of Austin ) 	Amount of Contribution (\$)	

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/135 Rpt: 128/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Vargas, Eric		\$3.0
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Veasna, Renayuddh		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Veasna, Renayuddh		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Villalobos, Ana		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
•	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/24/2024	Villalobos, Ana		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	•	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 126/135 Rpt: 129/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Voelker, Jaime		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1 <u>-</u>	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
			Amount of Contribution (ft)
Date 05/24/2024		)	Amount of Contribution (\$) \$3.00
05/24/2024			\$3.00
	Contributor address; City; State; Zip Code	ſ	
	Austin, TX 78721	ſ	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>
			Amount of Contribution (\$)
Date 05/10/2024	Date     Full name of contributor     out-of-state PAC (ID#:)       05 (10/2024)     Wordham Contributor		Amount of Contribution (\$) \$5.00
00/10/2024	Wadham, Gary		ψυ.υυ
Contributor address; City; State; Zip Code			
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Wadham, Gary	,	\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Ward, Christopher		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	ſ	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 127/135 Rpt: 130/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/24/2024	Ward, Christopher		\$2.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Watanabe-O'Toole, Nicholas		\$3.00
			•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
05/24/2024	Watanabe-O'Toole, Nicholas	/	\$3.00
0012-1202-			
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	·/
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
05/10/2024		)	Amount of Contribution (\$) \$3.00
03/10/2024	Weber, Wyatt		φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	"
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 05/24/2024		)	Amount of Contribution (\$) \$3.00
03/24/2024	Weber, Wyatt		φ3.00
	Contributor address; City; State; Zip Code		
	Auctin TV 70701		
Dringing Loop	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 128/135 Rpt: 131/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/10/2024	Weil, Skyler		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2024	Weil, Skyler	ſ	\$3.00
	Contributor address; City; State; Zip Code		1
		ſ	
		ſ	
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/10/2024	Weldon, Tyler		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<u></u>
Date		)	Amount of Contribution (\$)
05/24/2024	Weldon, Tyler		\$2.50
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/10/2024	Welkley, Justin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instr	ruction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 129/135 Rpt: 132/140	
2 FILER NAM	 1E		<b>3</b> Filer ID (Ethics Commission Filers)
	vis County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
05/24/202	4 Welkley, Justin		\$3.0
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	·/
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
05/10/202			\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
	ccupation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
05/24/202	4 Wesen, Hunter		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	<i>,</i>
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/10/202		·,	\$2.0
	Contributor address; City; State; Zip Code	,	1
	Austin, TX 78721		
	ccupation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
05/24/202	4 Westby, Andrew		\$2.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal or	cupation / Job title (See Instructions)	Employer (See Instructions	
Medic	cupation 7 50b title (See instructions)	City of Austin	>)
Weald			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 130/135 Rpt: 133/140		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
Austin Travis County Emergency Medical Services Employee PAC		00053202			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)		
05/10/2024	Wetzel, Samuel		\$3.00		
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78721				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
05/24/2024	Wetzel, Samuel		\$3.00		
			•		
	Austin, TX 78721				
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	5)		
Medic		City of Austin	,		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)		
05/10/2024	White, Anna	/	\$3.00		
03/10/2024			φο.ου		
Contributor address; City; State; Zip Code					
	Austin, TX 78721				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b> </b>		
Medic		City of Austin			
			Learning of Contribution (d)		
Date	Full name of contributor out-of-state PAC (ID#:)	)	Amount of Contribution (\$)		
05/24/2024	White, Anna		\$3.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			
			Learning of Contribution (d)		
Date	Full name of contributor out-of-state PAC (ID#:)	)	Amount of Contribution (\$) \$1.00		
05/10/2024 White, Stephen			φτ.υυ		
	Contributor address; City; State; Zip Code				
	Austin TV 70701				
Dringinglaggy	Austin, TX 78721		<u> </u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions	5)		
Medic		City of Austin			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 131/135 Rpt: 134/140		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
	Austin Travis County Emergency Medical Services Employee PAC		00053202		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)		
05/24/2024	White, Stephen		\$1.00		
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78721				
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/10/2024	Wiggin, Stuart		\$1.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/24/2024	Wiggin, Stuart		\$1.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
	upation / Job title (See Instructions)	Employer (See Instructions	;)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/10/2024	Wijayang, Cecilia		\$3.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
	upation / Job title (See Instructions)	Employer (See Instructions	;)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/24/2024	Wijayang, Cecilia		\$3.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occupation / Job title (See Instructions)		Employer (See Instructions	;)		
Medic		City of Austin			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 132/135 Rpt: 135/140		
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)			
Austin Travis County Emergency Medical Services Employee PAC		AC	00053202		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)		
05/10/2024	Williams, Dennis		\$5.00		
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78721				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
Medic		City of Austin	,		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
05/24/2024			\$5.00		
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78721	1			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
05/10/2024	Winters, John		\$3.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
Medic	apador / 000 dae (000 med 000000)	City of Austin	<i>''</i>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)		
05/24/2024		/	\$3.00		
00/2 //202 :	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
	upation / Job title (See Instructions)	Employer (See Instructions	3)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
05/10/2024	Wright, Courtney		\$3.00		
	Contributor address; City; State; Zip Code		1		
	Austin TV 70701				
Dringing oog	Austin, TX 78721		-		
Principal occupation / Job title (See Instructions)		Employer (See Instructions City of Austin	3)		
Medic					

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 133/135 Rpt: 136/140		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
	Austin Travis County Emergency Medical Services Employee PAC		00053202		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)		
05/24/2024	Wright, Courtney		\$3.00		
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78721				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Medic		City of Austin	<i>,</i>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/10/2024	Wyche, Tyson		\$3.00		
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78721				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/24/2024	Wyche, Tyson		\$3.00		
	Contributor address; City; State; Zip Code		1		
	Austin TV 70701				
Dringing agou	Austin, TX 78721	Employer (See Instructions			
Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
Date		)	Amount of Contribution (\$)		
05/10/2024	Xie, Selena		\$3.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/24/2024	Xie, Selena		\$3.00		
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78721				
Principal occupation / Job title (See Instructions)		Employer (See Instructions	5)		
Medic		City of Austin			

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/135 Rpt: 137/140		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
Austin Travis County Emergency Medical Services Employee PAC		00053202		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/10/2024	Yankiver, Lizabeth		\$5.00	
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/24/2024	Yankiver, Lizabeth		\$5.00	
	Austin, TX 78721			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	()	
Medic		City of Austin	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/10/2024	Yarbrough, James	/	\$4.00	
0011012024	-		φ+	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Medic		City of Austin	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/24/2024	Yarbrough, James	/	\$4.00	
$\bigcup L \neg L \cup L^{-1}$	-		÷	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Medic	······	City of Austin	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/10/2024	Yasui, Benjamin	/	\$1.00	
00/10/2024	-		\$1.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu		Employer (See Instructions	<u> </u>	
Principal occupation / Job title (See Instructions) Medic		City of Austin	)	
MEUIC				

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 135/135 Rpt: 138/140 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 05/24/2024 \$1.00 Yasui, Benjamin 6 Contributor address; City; State; Zip Code Austin, TX 78721 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Medic City of Austin

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I The Instruction Guide explains how to complete this form			Total pages Schedule E: Sch: 1/1 Rpt: 139/140			
2 FILER NAME 3 Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202				
<sup>4</sup> TOTAL OF UN	ITEMIZED 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		<ul><li>10 Interest Rate</li><li>11 Maturity Date</li></ul>	
					II Maturity Date	
12 Principal occupation	on / Job title (See Instruction	s)	13 Employer (See Instructions	5)		
14 Description of Coll	ateral		<b>15</b> Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor		•		19 Amount Guarantee	ed (\$)
not applicable	<b>18</b> Guarantor address;	City; State;	Zip Code			
20 Principal occupation	DN		21 Employer (See Instructions	6)	1	
			I			

# 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/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/1 Rpt: 140/140	Austin Travis County Emergency Medical Services 00053202			
4 Date	5 Payee name			
05/10/2024	City of Austin			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$33.60	15 Waller Ln			
Expenditure from corporate funds	Austin, TX 78702			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Payroll deduction fees			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/24/2024	City of Austin			
Amount (\$)	Payee address; City; State; Zip Code			
\$33.50	\$33.50 15 Waller			
Expenditure from corporate funds	Austin, TX 78702			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Payroll deduction fees</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/10/2024	Sarah Eckhardt Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 301586			
Expenditure from corporate funds	Austin, TX 78703			
PURPOSE OF	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description</li> <li>(contributions/Dopations Made By</li> <li>(b) Description</li> <li>(contributions/Dopations Made By</li> </ul>			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			