### 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					
3 COMMITTEE NAME		OFFICE USE ONLY				
Austin Travis Cour	Austin Travis County Emergency Medical Services Employee PAC					
			Date Received ELECTRONICALLY FILED 06/25/2024			
4 COMMITTEE	ADDRESS / PO BOX; APT / S	UITE #; CITY; STATE; ZIP				
ADDRESS	5817 Wilcab Road Ste 3					
Change of Address	<sup>3</sup> Austin, TX 78721		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR	FIRST MI				
TREASURER NAME	Ms.	Selena	Receipt # Amount			
			Date Processed			
	NICKNAME					
		Xie	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	( PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE			
TREASURER	4710 Heflin Ln.	·····,	,			
STREET ADDRESS						
(Residence or Business)	Austin, TX 78721					
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX	; APT / SUITE #; CITY;	STATE; ZIP CODE			
MAILING	4710 Heflin Ln.					
	<sup>s</sup> Austin, TX 78721					
8 CAMPAIGN TREASURER	AREA CODE PHONE I	NUMBER EXTENSION				
PHONE	(214) 228-9321					
9 REPORT TYPE						
	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY						
REPORT FILING	January 5	April 5 X July 5	October 5			
DEADLINE	February 5	May 5 August 5	November 5			
	March 5	June 5 September	5 December 5			
11 PERIOD COVERED	Month Day Year	THROUGH	onth Day Year			
	05/26/2024	06	/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 Er	mergency Medical Serv	rices Employee PAC	00053202	2	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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	D 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)	\$	1,999.62	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	67.40	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	90,946.71	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT					
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.			
		Ms. Se	lena Xie		
		Signature of Car	npaign Treas	urer	
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said	, tł	nis the	day	
		which, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer 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 COMMITTI Austin Tra	EE NAME Ivis County Emergency Medical Services Employee PAC	18 Filer ID 00053202	(Ethics Commission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,999.62
2.	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 CORPORALABOR 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	5	<b>\$</b> 67.40
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/135 Rpt: 4/140	
2	FILER NAME	ЛЕ		3	Filer ID (Ethics Commission I	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 (\$)	
	06/07/2024	Adams, William				\$2.00
	I	6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78721	·			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/21/2024	Adams, William				\$2.00
	1	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#:	)	Ī	Amount of Contribution (\$)	
	06/07/2024	Adcock, Brandon				\$3.00
	I	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#:	)	Γ	Amount of Contribution (\$)	
	06/21/2024	Adcock, Brandon				\$3.00
	I	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#:	)	Ī	Amount of Contribution (\$)	
	06/07/2024	Aguilar, Ricardo				\$2.50
	1	Contributor address; City; State; Zip Code		1		
		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: 2/135 Rpt: 5/140	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		s County Emergency Medical Services Employee PA	AC	Ĺ	00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/21/2024	Aguilar, Ricardo				\$2.50
	I	6 Contributor address; City; State; Zip Code	I	1		
	I					
	l					
0	Dringingl oppu	Austin, TX 78721	C Employer (Coo Instruction			
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)		
				<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>\$2.00</b>
	06/07/2024	Albear, Oscar				\$3.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Medic		City of Austin	2)		
				<del>—</del>	Amount of Contribution (\$)	
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	06/21/2024	Albear, Oscar		-		Φ3.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	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#:		Π	Amount of Contribution (\$)	
	06/07/2024	Allen, Janel	/			\$3.00
	00.0	Contributor address; City; State; Zip Code		-		***
	I					
	I					
	I	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#:	)	Γ	Amount of Contribution (\$)	
	06/21/2024	Allen, Janel				\$3.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			

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	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Almaguer, Luis	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$5.00</li></ul>
	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 (\$)
06/21/2024	Almaguer, Luis		\$5.00
	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 (\$)
06/07/2024	Almodovar, Alejandra		\$5.00
	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 (\$)
06/21/2024	Almodovar, Alejandra		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	»)
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Anderson, Scott	)	Amount of Contribution (\$) \$1.00
0010112024	Contributor address; City; State; Zip Code		\$1.00
	Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,
		1	

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 P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/21/2024	Anderson, Scott		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	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 (\$)
06/07/2024	Anthon, McKenna		\$3.00
	Contributor address; City; State; Zip Code		
- • • •	Austin, TX 78721	<u> </u>	-
-	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	. <u> </u>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Anthon, McKenna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drizsingl good	Austin, TX 78721		
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Armas, David		\$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#:	<u> </u> )	Amount of Contribution (\$)
06/21/2024	Armas, David		\$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	
		<u> </u>	

т	he Instru	ction Guide explains how to complete this f	iorm.	1	otal pages Schedule A1: Sch: 5/135 Rpt: 8/140	
2 FI	ILER NAME			<b>3</b> F	iler ID (Ethics Commission	Filers)
A	ustin Travis	s County Emergency Medical Services Employee P		1	0053202	
<b>4</b> Da	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7 A	mount of Contribution (\$)	
06	6/07/2024	Armstrong, Charles				\$1.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
Μ	ledic		City of Austin			
Da	ate	Full name of contributor out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
06	6/21/2024	Armstrong, Charles				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
М	ledic		City of Austin			
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
06	6/07/2024	Arocha-Guerra, Val				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
M	ledic		City of Austin			
Da	ate	Full name of contributor out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
06	6/21/2024	Arocha-Guerra, Val				\$3.00
		Contributor address; City; State; Zip Code				
	1 1 - 1 - e - e - e - e - e - e - e - e	Austin, TX 78721		Ĺ		
	rincipal occu ledic	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
			City of Austin			
	ate	Full name of contributor out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	±= 00
06	6/07/2024	Aubin, Scott		]		\$3.00
		Contributor address; City; State; Zip Code				
		Augustin TV 70701				
		Austin, TX 78721		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
IVI	ledic		City of Austin			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 6/135 Rpt: 9/140	
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 (\$)
06/21/2024	Aubin, Scott		\$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 (\$)
06/07/2024	Aune, Joseph		\$3.00
I	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 (\$)
06/21/2024	Aune, Joseph		\$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 (\$)
06/07/2024	Avila, America		\$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 (\$)
06/21/2024	Avila, America		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	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: 7/135 Rpt: 10/140	
2	FILER NAME			3	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 (\$)	
	06/07/2024	Azelton, Andrew				\$2.50
	I	6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	S)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 0 F0
	06/21/2024	Azelton, Andrew				\$2.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Medic		City of Austin	3)		
_	Date	Full name of contributor Out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	06/07/2024	Full name of contributor out-of-state PAC (ID#: Bailey, Charles	)			\$3.00
	0010112027					ψ0.00
		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 (\$)	
	06/21/2024	Bailey, Charles				\$3.00
	1	Contributor address; City; State; Zip Code		"		
		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#:_	)	Γ	Amount of Contribution (\$)	
	06/07/2024	Bailey, James				\$3.00
	I	Contributor address; City; State; Zip Code		1		
	<b>T</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Austin, TX 78721		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
	Medic		City of Austin			
i						

The Instru	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 (\$)
06/21/2024	Bailey, James		\$3.00
	6 Contributor address; City; State; Zip Code		
	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 (\$)
06/07/2024	Baker, Alexander		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	;)
			Amount of Contribution (ft)
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#: Baker, Alexander	)	Amount of Contribution (\$) \$3.00
00/21/2024			φο.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>L</b>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Baker, Amanda		\$2.50
	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 (\$)
06/21/2024	Baker, Amanda		\$2.50
	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	''

The Instru	ction Guide explains how to complete this f	iorm.	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 P	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Baker, Coty	)	7 Amount of Contribution (\$) \$5.00
001011202	-		••••••
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	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 (\$)
06/21/2024	Baker, Coty		\$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 (\$)
06/07/2024	Balboa, Adam		\$2.00
	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 (\$)
06/21/2024	Balboa, Adam		\$2.00
	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 (\$)
06/07/2024	Barch-Chandler, Travis		\$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	

n Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/135 Rpt: 13/140	
			ers)
inty Emergency Medical Services Employee PA		00053202	,
ull name of contributor 🛛 out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
Barch-Chandler, Travis			\$3.00
Contributor address; City; State; Zip Code			
1 / Job title (See Instructions)		)	
	-		
—	)	Amount of Contribution (\$)	
			\$3.00
Contributor address; City; State; Zip Code			
		<u></u>	
) / Job title (See Instructions)		)	
ull name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
			\$3.00
Contributor address; City; State; Zip Code			
uctin TV 70701			
Austin, TX 78721	Employor (See Instructions	A	
Austin, TX 78721 n / Job title (See Instructions)	Employer (See Instructions)	)	
n / Job title (See Instructions)	Employer (See Instructions) City of Austin		
iull name of contributor out-of-state PAC (ID#:		) Amount of Contribution (\$)	¢1.00
n / Job title (See Instructions)	City of Austin		\$1.00
n / Job title (See Instructions)	City of Austin		\$1.00
n / Job title (See Instructions)	City of Austin		\$1.00
n / Job title (See Instructions)	City of Austin		\$1.00
an / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$1.00
an / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$1.00
a / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$1.00
an / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$1.00
an / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	
an / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	
an / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	
an / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	
an / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	
	Sull name of contributor   Barch-Chandler, Travis   Scontributor address; City; State; Zip Code   Austin, TX 78721   In / Job title (See Instructions)   Sull name of contributor   Barnhart, Jennifer   Contributor address; City; State; Zip Code   Austin, TX 78721   In / Job title (See Instructions)   Sull name of contributor   Dout-of-state PAC (ID#:	Barch-Chandler, Travis Contributor address; City; State; Zip Code Austin, TX 78721  n / Job title (See Instructions)  9 Employer (See Instructions City of Austin  iull name of contributor contributor address; City; State; Zip Code  Austin, TX 78721  n / Job title (See Instructions)  Employer (See Instructions City of Austin  iull name of contributor  out-of-state PAC (ID#:)  Barnhart, Jennifer  out-of-state PAC (ID#:)  Barnhart, Jennifer	iull name of contributor out-of-state PAC (ID#:)   iull name of contributor address; City; State; Zip Code   iull name of contributor address; City; State; Zip Code   iull name of contributor   iull name of contributor   out-of-state PAC (ID#:)   iull name of contributor   iull name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)   Barnhart, Jennifer   contributor address; City; State; Zip Code   iull name of contributor   iull name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)   Barnhart, Jennifer   contributor address; City; State; Zip Code   iull name of contributor   iull name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)   Employer (See Instructions)   City of Austin   iull name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
		-	Sch: 11/135 Rpt: 14/140
2 FILER NAME Austin Travis	s County Emergency Medical Services Employee P		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Bauhs, Isabel	)	7 Amount of Contribution (\$) \$3.0
00/01/2024			ψυ.υ
	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 (\$)
06/21/2024	Bauhs, Isabel		\$3.0
	Contributor address; City; State; Zip Code		1
	Aug/20 70704		
Dringing ogg	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
		-	
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$3.0
00/0112024	Bean, Rose		φο.υ
	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 (\$)
06/21/2024	Bean, Rose		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Princinal occu	ipation / 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 (\$)
06/07/2024	Beaver, Camille	/	\$10.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	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: Sch: 12/135 Rpt: 15/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	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 (\$)
06/21/2024	Beaver, Camille		\$10.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	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 (\$)
06/07/2024	Bell, Jory		\$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 (\$)
06/21/2024	Bell, Jory		\$3.00
	Contributor address; City; State; Zip Code		
	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 (\$)
06/07/2024	Bernal, Erica		\$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 (\$)
06/21/2024	Bernal, Erica		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	upation / 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: 13/135 Rpt: 16/140
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 (\$)
06/07/2024	Bess, Luke		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	pation / 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 (\$)
06/21/2024	Bess, Luke		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Princinal occu	Austin, TX 78721 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 (\$)
06/07/2024	Black, Jessica	/	\$3.00
	Contributor address; City; State; Zip Code		· · ·
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Black, Jessica		\$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 (\$)
06/07/2024	Blais, Braden		\$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	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/135 Rpt: 17/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/21/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>Blais, Braden</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		<ul> <li>7 Amount of Contribution (\$)</li> <li>\$3.00</li> </ul>
	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 (\$)
06/07/2024	Blume, Michael		\$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
Dringing ogg			
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 (\$)
06/21/2024	Blume, Michael		\$3.00
	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 (\$)
06/07/2024	Bockewitz, William	ſ	\$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 (\$)
06/21/2024	Bockewitz, William		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
		-	

The Instruction Guide explains how to complete this for	rm.	Total pages Schedule A1: Sch: 15/135 Rpt: 18/140	
2 FILER NAME	3	Filer ID (Ethics Commission File	ers)
Austin Travis County Emergency Medical Services Employee PAC		00053202	,
4 Date       5 Full name of contributor       out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78721			
8 Principal occupation / Job title (See Instructions)         9           Medic         9	Employer (See Instructions) City of Austin		
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/21/2024 Braunstein, Spencer			\$10.00
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 (\$)	
06/07/2024 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		
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/21/2024 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		
		Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:	)		
Date     Full name of contributor     out-of-state PAC (ID#:)       06/07/2024     Brindley, Jordan	)		\$3.00
	)		\$3.00
06/07/2024 Brindley, Jordan	)		\$3.00
06/07/2024 Brindley, Jordan Contributor address; City; State; Zip Code	) Employer (See Instructions)		\$3.00

The Instrue	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 16/135 Rpt: 19/140
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 (\$)
06/21/2024	Brindley, Jordan		\$3.0
	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 (\$)
06/07/2024	Brunson, Savannah		\$3.0
1	Contributor address; City; State; Zip Code		1
1			
	Austin, TX 78721	i	
•	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 (\$)
06/21/2024	Brunson, Savannah		\$3.0
	Contributor address; City; State; Zip Code		1
Duin single age	Austin, TX 78721		Į
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 (\$)
06/07/2024	Bumpus, Ross		\$1.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / 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 (\$)
06/21/2024	Full name of contributor out-of-state PAC (ID#: Bumpus, Ross	/	\$1.0
00/21/202	Contributor address; City; State; Zip Code		
	Continution address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	peneri / ,	City of Austin	<i>''</i>

The Instru	ction Guide explains how to complete this f	orm.	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 06/07/2024	5 Full name of contributor out-of-state PAC (ID#:_ Burgoyne, James		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	;) ;)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	Burgoyne, James		\$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	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Cabrera, Ryan		\$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	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Cabrera, Ryan		\$3.00
	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 (\$)
06/07/2024	Cain, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
D in single again	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	etion Guide explains how to complete this f	form	1 Total pages Schedule A1:
	ction Guide explains how to complete this f	orm.	Sch: 18/135 Rpt: 21/140
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 (\$)
06/21/2024	Cain, Christopher		\$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 (\$)
06/07/2024	Cantonis, Carl		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing oggu	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
			Learning (d)
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#: Cantonis, Carl	)	Amount of Contribution (\$) \$3.00
00/21/2024			ψο.υυ ·
	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 (\$)
06/07/2024	Carter, Emma		\$3.00
	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 (\$)
06/21/2024	Carter, Emma		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing ago	Austin, TX 78721		-
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	3)

The Instruction	on Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/135 Rpt: 22/140
2 FILER NAME			3 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 (\$)
06/07/2024	Cartmill, Andres		\$3.00
6	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occupat		9 Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Cartmill, Andres		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	l	
	tion / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Cavarretta, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Cavarretta, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
1		L	
Principal occupat	ion / Joh title (See Instructions)	Employer (See Instructions)	
Principal occupat Medic	tion / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Medic		Employer (See Instructions) City of Austin	
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Medic Date	Full name of contributor out-of-state PAC (ID#: Cendejas, Jacqueline		
Medic Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Medic Date	Full name of contributor out-of-state PAC (ID#: Cendejas, Jacqueline		Amount of Contribution (\$)
Medic Date	Full name of contributor out-of-state PAC (ID#: Cendejas, Jacqueline		Amount of Contribution (\$)
Medic Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Cendejas, Jacqueline Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3.00

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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 20/135 Rpt: 23/140	
FILER NAME			3 Filer ID (Ethics Commission File	ers)
	s County Emergency Medical Services Employee P		00053202	10)
Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/21/2024	Cendejas, Jacqueline			\$3.00
	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 (\$)	
06/07/2024	Chavez, Erin		;	\$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 (\$)	
06/21/2024	Chavez, Erin		:	\$3.00
	Contributor address; City; State; Zip Code			
	Augtin TV 20201			
D i sizal ees	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 (\$)	÷ ·
06/07/2024			:	\$1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/21/2024	Cheeks, Shedrick	/		\$1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	Austin, IX 10121			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
06/07/2024 Principal occu Medic Date	Cheeks, Shedrick Contributor address; City; State; Zip Code Austin, TX 78721 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Cheeks, Shedrick Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	

Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 06/07/2024       5 Full name of contribution	The Instru	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 06/07/2024       5 Full name of contribution	2 FILER NAME			
06/07/2024       Chester, Hannah       \$3.00         6       Contributor address; City, State; Zip Code       Austin, TX 78721         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         City of Austin       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$5.00         06/07/2024       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (\$)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin       \$5.00         Date       O6/07/2024       Full name of contributor       out-of-state PAC (Dir:	Austin Travis	s County Emergency Medical Services Employee P		
6       Contributor address: City: State: Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor Chhabra, Ranjit       0 out of-state PAC (Der Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Contributor address; City: State: Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor Contributor address; City: State: Zip Code       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor 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 06/07/2024       Full name of contributor (Ciampaglio, Anthony       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/07/2024       Full name of contributor Ciampaglio, Anthony       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor Ciampaglio, Anthony       out of state PAC (Der Ciampaglio, Anthony       Amount of Contribution (\$)         Date 06/21/2024       Full name	4 Date	<b>5</b> 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 06/07/2024       Full name of contributor       out-of-state PAC (D#) Chhabra, Ranjit       Amount of Contribution (\$) S5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S5.00         Date 06/21/2024       Full name of contributor       out-of-state PAC (D#	06/07/2024			\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         S5.00         Off07/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Medic       Contributor address; City; State; Zip Code				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         S5.00         Off07/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Medic       Contributor address; City; State; Zip Code				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         S5.00         Off07/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Medic       Contributor address; City; State; Zip Code				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         06/07/2024       Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         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 (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S5.00         Medic       Out-of-state PAC (ID#:       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         06/07/2024       Full name of contributor       <			1	
Date       Full name of contributor       out-of-state PAC (Datimation (Datimatio (Datimation (Datit))		<pre>ipation / Job title (See Instructions)</pre>		;)
06/07/2024       Chhabra, Ranjit       S5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Clty of Austin         Date       Full name of contributor       out-of-state PAC (IDer	Médic			
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/21/2024       Full name of contributor       out-of-state PAC (IDe:         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (IDe:         Oate 06/07/2024       Full name of contributor       out-of-state PAC (IDe:         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       Clue-f-state PAC (IDe:			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/21/2024       Full name of contributor address; City; State; Zip Code       Amount of Contributor (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S) S5.00         Date 06/07/2024       Full name of contributor out-of-state PAC (ID#:) Ciampaglio, Anthony       Amount of Contribution (S) City of Austin         Date 06/07/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (S) S3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       S3.00         Date 06/21/2024       Full name of contributor out-of-state PAC (ID#:) Ciampaglio, Anthony       Employer (See Instructions) City of Austin       S3.00         Date 06/21/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (S) Ciampaglio, Anthony       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (S) Ciampaglio, Anthony       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (S) Contributor	06/07/2024	-		\$5.00
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Chhabra, Ranjit	Princinal occu		Employer (See Instructions	<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Chhabra, Ranjit       \$5.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$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 (\$)         06/07/2024       Ciampaglio, Anthony       City of Austin       Amount of Contribution (\$)         06/07/2024       Ciampaglio, Anthony       S3.00       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Medic       City of Austin       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         Ob/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         Ob/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         Ob/21/2024       Full name of contributor       out-of-state PAC (	•			''
06/21/2024       Chhabra, Ranjit       \$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 (\$)         06/07/2024       Full name of contributor out-of-state PAC (ID#;       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#;       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Contributor out-of-state PAC (ID#;       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#;       Amount of Contribution (\$)         06/21/2024       Ciampaglio, Anthony       City of Austin       \$3.00         06/21/2024       Full name of contributor       out-of-state PAC (ID#;       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#;       Amount of Contribution (\$)         06/21/2024       Ciampaglio, Anthony       Ciampaglio, Anthony       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contributor </td <td></td> <td></td> <td></td> <td>Amount of Contribution (\$)</td>				Amount of Contribution (\$)
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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#:)         O6/07/2024       Ciampaglio, Anthony          Contributor address; City; State; Zip Code          Austin, TX 78721       Employer (See Instructions)         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       Ciampaglio, Anthony         O6/21/2024       Full name of contributor       out-of-state PAC (ID#:)         Adustin, TX 78721       Amount of Contribution (\$)         O6/21/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       \$3.00         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	00,21,202			
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         06/07/2024       Ciampaglio, Anthony       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#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Ciampaglio, Anthony         06/21/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         06/07/2024       Ciampaglio, Anthony       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#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Ciampaglio, Anthony         06/21/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         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#:)       Amount of Contribution (\$)         06/07/2024       Ciampaglio, Anthony       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contributor         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#:)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)         Of       Ciampaglio, Anthony       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Giampaglio, Anthony       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)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Ciampaglio, Anthony       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Ciampaglio, Anthony         Date       Full name of contributor         O6/21/2024       Full name of contributor         O6/21/2024       Full name of contributor         Austin, TX 78721       Amount of Contribution (\$)         S3.00       City of Austin         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)		ipation / Job title (See Instructions)		;) ;)
06/07/2024       Ciampaglio, Anthony       \$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#:)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)         06/21/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00	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         Od/21/2024         Ciampaglio, Anthony         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Ciampaglio, Anthony         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (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) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor on out-of-state PAC (ID#:)         O6/21/2024       Ciampaglio, Anthony 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)	06/07/2024	Ciampaglio, Anthony		\$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#:)         06/21/2024       Ciampaglio, Anthony       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         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)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         06/21/2024       Ciampaglio, Anthony       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$3.00         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#:)         06/21/2024       Ciampaglio, Anthony       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin TV 70701		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Ciampaglio, Anthony       s3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)	Principal occu		Employer (See Instructions	<u></u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Ciampaglio, Anthony       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				»)
06/21/2024       Ciampaglio, Anthony       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				Amount of Contribution (\$)
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)	0012112024			φ
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Continuutor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		Austin, TX 78721		
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
	Medic			

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 22/135 Rpt: 25/140
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 (\$)
06/07/2024	Ciminera, Joseph		\$3.00
	6 Contributor address; City; State; Zip Code		1
	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 (\$)
06/21/2024	Ciminera, Joseph		\$3.00
	Contributor address; City; State; Zip Code		1
	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 (\$)
06/07/2024	Clark, Rajiv		\$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 Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	Clark, Rajiv		\$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 Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Clark, William		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/135 Rpt: 26/140
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 (\$)
06/21/2024	Clark, William		\$1.0
	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 (\$)
06/07/2024	Cluskey, Francis		\$2.5
	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 (\$)
06/21/2024	4 Cluskey, Francis Contributor address; City; State; Zip Code		\$2.5
			•
	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 (\$)
06/07/2024	Cole, Jason		\$3.0
	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 (\$)
06/21/2024	Cole, Jason		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	š)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 24/135 Rpt: 27/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Coleman, James	)	7 Amount of Contribution (\$) \$1.00
	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 (\$)
06/21/2024	Coleman, James		\$1.00
	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 (\$)
06/07/2024	Cooper, Matthew		\$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 (\$)
06/21/2024	Cooper, Matthew		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Cornwall, Angela		\$2.00
	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	
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The Instruc	ction 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)	
	County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/21/2024	Cornwall, Angela		\$2.00
	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 (\$)
06/07/2024	Costantino, John		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Date     Full name of contributor     out-of-state PAC (ID#:)       06/21/2024     Costantino, John		Amount of Contribution (\$)
06/21/2024			\$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 (\$)
06/07/2024	Crock, Clairissa		\$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 (\$)
06/21/2024	Crock, Clairissa	/	\$3.00
00/22/202	Contributor address; City; State; Zip Code		
	Culturbulor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occup	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: 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	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/07/2024	Crouch, Jordan		\$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	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024			\$1.00
	Contributor address; City; State; Zip Code		1
Drizzinal agai	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 (\$)
06/07/2024	· · · · · · · · · · · · · · · · · · ·		\$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 (\$)
06/21/2024	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>ا</u> ۶)
Medic		City of Austin	
Date Full name of contributor out-of-state PAC (ID#:		)	Amount of Contribution (\$)
06/07/2024	Cruz Zarate, Hector		\$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 Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/135 Rpt: 30/140
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 (\$)
06/21/2024	Cruz Zarate, Hector		\$3.00
	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 (\$)
06/07/2024	Cummings, Daniel		\$2.00
	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 (\$)
06/21/2024	Cummings, Daniel		\$2.00
	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 (\$)
06/07/2024	Damron, William		\$3.27
	Contributor address; City; State; Zip Code		
	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 (\$)
06/21/2024	Damron, William		\$3.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

2       FILER NAME       3       Filer ID       (Ethics Commission)         4       Date       5       Full name of contributor       out-of-state PAC (10#:	
4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       06/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Obj/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) <td>n Filers)</td>	n Filers)
06/07/2024       Davis, Kenneth       Image: City; State; Zip Code         Austin, TX 78721       Image: City; State; Zip Code         8       Principal occupation / Job title (See Instructions)       Image: 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#:)         Austin, TX 78721       Amount of Contribution (\$)         Date       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       Full name of contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Davis, Richard       out-of-state PAC (ID#:)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:	\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/21/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Kenneth 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 06/07/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)         O6/07/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/07/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       Out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       Amount of Contribution (\$)         Davis, Richard <td></td>	
Medic       City of Austin         Date 06/21/2024       Full name of contributor or out-of-state PAC (ID#:) Davis, Kenneth Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor or out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)         Of/07/2024       Full name of contributor or 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 (\$)         Date 06/07/2024       Full name of contributor or out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor or out-of-state PAC (ID#:	
06/21/2024       Davis, Kenneth         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         06/07/2024         Austin, TX 78721         Date         06/07/2024         Austin, TX 78721         Amount of Contributor         Obj Of/07/2024         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Kedic         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Kedic         Date         Full name of contributor         Out-of-state PAC (ID#:         Contributor address; City; State; Zip Code         Austin, TX 78721         Date         Full name of contributor         Ode/21/2024         Davis, Richard         Contributor address; City; State; Zip Code         Austin, TX 78721         Amount of Contribution (\$)         Ode/21/2024         Davis, Richard         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         06/07/2024         Date; Contributor address; City; State; Zip Code         Date         06/07/2024         Date; 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)         Date         06/21/2024         Davis, Richard         Contributor address; City; State; Zip Code         Austin, TX 78721         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Date         Obj(21/2024         Davis, Richard         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)	
Contributor address; City; State; Zip Code	\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Richard 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 06/21/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)	
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Davis, Richard	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Davis, Richard	
06/07/2024       Davis, Richard         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occuation / Job title (See Instructions)         Medic         Date         Full name of contributor         Ode/21/2024         Davis, Richard         Contributor address; City; State; Zip Code         Austin, TX 78721         Date         Full name of contributor         Ode/21/2024         Davis, Richard         Contributor address; City; State; Zip Code         Austin, TX 78721         Anstin, TX 78721         Principal occution / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Od/21/2024         Davis, Richard         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)	
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#:)         Date       Full name of contributor       Out-of-state PAC (ID#:)         06/21/2024       Davis, Richard       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$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#:)         06/21/2024       Davis, Richard       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#:)       Amount of Contribution (\$)         06/21/2024       Davis, Richard	
06/21/2024       Davis, Richard         Contributor address; City; State; Zip Code         Austin, TX 78721         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)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$3.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
City of Adstin	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	
06/07/2024 DeLong, Jonathan	\$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	form.	1 Total pages Schedule A1: Sch: 29/135 Rpt: 32/140
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 (\$)
06/21/2024	DeLong, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u>Ι</u> δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Dean-Masse, Dustin		\$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 (\$)
06/21/2024	D24 Dean-Masse, Dustin Contributor address; City; State; Zip Code		\$3.00
			]
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic	palor,,	City of Austin	<i>"</i>
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
06/07/2024	Derion, Sarah		\$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 (\$)
06/21/2024	Derion, Sarah		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	»)
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 30/135 Rpt: 33/140
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 (\$)
06/07/2024	Dionizio, James		\$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 (\$)
06/21/2024	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 (\$)
06/07/2024	24 Dockery, Victoria		\$3.70
	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 (\$)
06/21/2024	Dockery, Victoria		\$3.70
	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 (\$)
06/07/2024	Donohoe, John	/	\$2.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	I Ipation / 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: 31/135 Rpt: 34/140
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 (\$)
06/21/2024	Donohoe, John		\$2.50
	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 (\$)
06/07/2024	Draper, Joseph		\$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 (\$)
06/21/2024			\$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 (\$)
06/07/2024	Duran, Bryan		\$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 (\$)
06/21/2024	Duran, Bryan		\$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 Instruct	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 32/135 Rpt: 35/140	
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 (\$)	
06/07/2024	Durham, David		:	\$1.00
6	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	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 (\$)	
06/21/2024	Durham, David		:	\$1.00
···	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupa	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 (\$)	
06/07/2024	2024 Echevarria, Edgardo Contributor address; City; State; Zip Code		:	\$1.30
1		1		
	Austin, TX 78721			
	Austin, TX 78721 ation / Job title (See Instructions)	Employer (See Instructions)		
Principal occupa Medic		Employer (See Instructions) City of Austin	· · · · · · · · · · · · · · · · · · ·	
			Amount of Contribution (\$)	
Medic	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo	City of Austin	Amount of Contribution (\$)	\$1.30
Medic Date	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	\$1.30
Medic Date	ation / Job title (See Instructions) Full name of contributor Dut-of-state PAC (ID#:_ Echevarria, Edgardo	City of Austin	Amount of Contribution (\$)	\$1.30
Medic Date	Ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$1.30
Medic Date 06/21/2024	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$1.30
Medic Date 06/21/2024 Principal occupa	Ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$1.30
Medic Date 06/21/2024	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$1.30
Medic Date 06/21/2024 Principal occupa Medic Date Date	ation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Echevarria, Edgardo         Contributor address; City; State; Zip Code         Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/21/2024 Principal occupa Medic	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$1.30
Medic Date 06/21/2024 Principal occupa Medic Date Date	ation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Echevarria, Edgardo         Contributor address; City; State; Zip Code         Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/21/2024 Principal occupa Medic Date Date	ation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Echevarria, Edgardo         Contributor address; City; State; Zip Code         Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:_         Edmonson, Savanna	City of Austin	Amount of Contribution (\$)	
Medic Date 06/21/2024 Principal occupa Medic Date Date	ation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Echevarria, Edgardo         Contributor address; City; State; Zip Code         Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Edmonson, Savanna         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	
Medic Date 06/21/2024 Principal occupa Medic Date 06/07/2024	ation / Job title (See Instructions)   Full name of contributor   Contributor address;   Contributor address;   City;   State;   Zip Code     Austin, TX 78721   ation / Job title (See Instructions)     Full name of contributor   out-of-state PAC (ID#:_   Edmonson, Savanna   Contributor address;   City;   State;   Zip Code     Austin, TX 78721	City of Austin	Amount of Contribution (\$)	
Medic Date 06/21/2024 Principal occupa Medic Date 06/07/2024	ation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Echevarria, Edgardo         Contributor address; City; State; Zip Code         Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Edmonson, Savanna         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 33/135 Rpt: 36/140
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024	Edmonson, Savanna		\$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	;) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Eeten, John		\$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 (\$)
06/21/2024	Eeten, John		\$5.00
	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 (\$)
06/07/2024	Eguia, Eduardo		\$1.00
	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 (\$)
06/21/2024	Eguia, Eduardo Contributor address; City; State; Zip Code		\$1.00
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)
Medic		City of Austin	, ,
		<u> </u>	

The Instruction	Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 34/135 Rpt: 37/140	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	ers)
	Austin Travis County Emergency Medical Services Employee PAC			0.0,
4 Date 5 Ful	I name of contributor 🛛 out-of-state PAC (ID	)#:)	7 Amount of Contribution (\$)	
06/07/2024 Elb	pel, Amber			\$3.00
<b>6</b> Co	ntributor address; City; State; Zip Code			
Au	stin, TX 78721			
	Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date Ful	I name of contributor 🛛 out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
06/21/2024 Elb	bel, Amber			\$3.00
Co	ntributor address; City; State; Zip Code			
Au	stin, TX 78721			
Principal occupation /	Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Date Ful	I name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
06/07/2024 Eliz	zardo, Daniel			\$3.00
Co	ntributor address; City; State; Zip Code			
	-			
Au	stin, TX 78721			
	Job title (See Instructions)	Employer (See Instructions)	)	
Principal occupation / Medic	Job title (See Instructions)	Employer (See Instructions) City of Austin	)	
Medic	Job title (See Instructions)	City of Austin	) Amount of Contribution (\$)	
Medic Date Ful	I name of contributor out-of-state PAC (ID	City of Austin		\$3.00
Medic Date Ful 06/21/2024 Eliz	I name of contributor out-of-state PAC (IE	City of Austin		\$3.00
Medic Date Ful 06/21/2024 Eliz	I name of contributor 🗌 out-of-state PAC (IE zardo, Daniel	City of Austin		\$3.00
Medic Date Ful 06/21/2024 Eliz Co	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code	City of Austin		\$3.00
Medic Date Ful 06/21/2024 Eliz Con	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code stin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date Ful 06/21/2024 Eli: Con Au Principal occupation /	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date Ful 06/21/2024 Eliz Con	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code stin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date Ful 06/21/2024 Eliz Con Au Principal occupation / Medic	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code stin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date Ful 06/21/2024 Eli: Con Au Principal occupation / Medic Date Ful	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code stin, TX 78721 Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date Ful 06/21/2024 Eliz Con Au Principal occupation / Medic Date Ful 06/07/2024 En	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code stin, TX 78721 Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	
Medic Date Ful 06/21/2024 Eliz Con Au Principal occupation / Medic Date Ful 06/07/2024 En	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code stin, TX 78721 Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	
Medic Date Ful 06/21/2024 Eli Con Au Principal occupation / Medic Date Ful 06/07/2024 Enr Con	I name of contributor	City of Austin	Amount of Contribution (\$)	
Medic Date Ful 06/21/2024 Eli Con Au Principal occupation / Medic Date Ful 06/07/2024 Enr Con	I name of contributor out-of-state PAC (IE zardo, Daniel ntributor address; City; State; Zip Code stin, TX 78721 Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	
Medic Date Ful 06/21/2024 Eli: Co Au Principal occupation / Medic Date Ful 06/07/2024 Err Co Au	I name of contributor	City of Austin	Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
· · ·			Sch: 35/135 Rpt: 38/140
2 FILER NAME	s County Emergency Medical Services Employee P	٨٢	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date			
4 Date 06/21/2024	5 Full name of contributor out-of-state PAC (ID#: Emmick, Christopher	)	7 Amount of Contribution (\$) \$4.00
00/21/202 .	6 Contributor address; City; State; Zip Code		
	Continuation address, Oity, 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 (\$)
06/07/2024	Ender, Daniel		\$3.30
	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 (\$)
06/21/2024	Ender, Daniel	/	\$3.30
00,22,202	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 (\$)
06/07/2024	Engstrom, Justin		\$1.50
	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 (\$)
06/21/2024	Engstrom, Justin		\$1.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

2       FiLER NAME       Sch: 36/135 Rpt: 39/140         2       FILER NAME       3       Filer ID (Ethics Commission File 00053202         4       Date       5       Full name of contributor out-of-state PAC (ID#)       7         06/07/2024       5       Forguson, John       7       Amount of Contribution (\$)         6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         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 (\$)         06/21/2024       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)         0file       Contributor address; City: State; Zip Code       Amount of Contribution (\$)         0file       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)         Oate       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)	\$2.00 \$2.00
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 06/07/2024       5 Full name of contributor Ferguson, John       out-of-state PAC (ID#:	\$2.00
06/07/2024       Ferguson, John         6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions) Medic       9         Date 06/21/2024       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) Medic       9         Date       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 (\$)         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 (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Ferguson, Thomas       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Pate       Full name of contributor out-of-state PAC (ID#:	\$2.00
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Ferguson, John       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/21/2024       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 (\$)         06/07/2024       Ferguson, Thomas       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         06/07/2024       Ferguson, Thomas       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:	\$2.00
06/21/2024       Ferguson, John	\$2.00
06/21/2024       Ferguson, John	\$2.00
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#:)         Austin, TX 78721       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/07/2024       Ferguson, Thomas       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contributions)         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 (\$)         Date       Full name of contributor       Amount of Contribution (\$)       Amount of Contribution (\$)         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#:)         06/07/2024       Ferguson, Thomas       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         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Od/21/2024       Full name of contributor         Out-of-state PAC (ID#:)       Amount of Contribution (\$)         Obj21/2024       Full name of contributor	
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Ferguson, Thomas       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         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#:)         06/21/2024       Ferguson, Thomas       Amount of Contribution (\$)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Ferguson, Thomas	
06/07/2024       Ferguson, Thomas         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         0d/21/2024         Ferguson, Thomas	
Contributor address; City; State; Zip Code          Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         06/21/2024         Ferguson, Thomas	
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#:) 06/21/2024     Amount of Contribution (\$)	\$1.30
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       06/21/2024     Ferguson, Thomas     Other information in the state in t	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       06/21/2024     Ferguson, Thomas	
06/21/2024 Ferguson, Thomas	
06/21/2024 Ferguson, Thomas	
Contributor address; City; State; Zip Code	\$1.30
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 (\$)	
06/07/2024 Fernandez, Eric	¢2 00
Contributor address; City; State; Zip Code	\$3.00
Austin, TX 78721	φ <b>3</b> .00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	φ3.00
Medic City of Austin	φ3.00

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 37/135 Rpt: 40/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/21/2024	5 Full name of contributor out-of-state PAC (ID#: Fernandez, Eric	)	<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	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u>·</u> )	Amount of Contribution (\$)
06/07/2024	<b>0</b>		\$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	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/21/2024	Figueroa, Joshua	/	\$3.00
0012112024	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 (\$)
06/07/2024	Finch, Walter		\$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	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
06/21/2024	—		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)
Medic	, participante (2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000	City of Austin	<i>7</i>

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 38/135 Rpt: 41/140
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 (\$)
06/07/2024 Fitzpatrick, Bryan	\$5.00
6 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#:)	
06/21/2024 Fitzpatrick, Bryan	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/07/2024 Flanagan, Rilie	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	See Instructions)
Medic City of Au	
<u>_</u>	) Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#: 06/21/2024 Flanagan, Rilie	) Amount of Contribution (\$) \$2.00
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 (\$)
06/07/2024 Flores, Raul	\$3.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Austin, TX 78721	See Instructions)
Contributor address; City; State; Zip Code Austin, TX 78721	
Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 39/135 Rpt: 42/140
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 (\$)
06/21/2024	Flores, Raul		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	6)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Flores, Robert		\$2.00
	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 (\$)
06/21/2024	Flores, Robert		\$2.00
			•
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 (\$)
06/07/2024	Flores, Tiana	/	\$3.00
00,01,2021			
Contributor address; City; State; Zip Code			
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<b>I</b> S)
Medic	,	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/21/2024	Flores, Tiana	/	\$3.00
	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	>/
Medie			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 40/135 Rpt: 43/140
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Austin Travis	is County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Fuentes, Timothy	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$2.00</li></ul>
00.0	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#:_	)	Amount of Contribution (\$)
06/21/2024	Fuentes, Timothy		\$2.00
	Contributor address; City; State; Zip Code		4
	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 (\$)
06/07/2024	—		\$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 (\$)
06/21/2024	Gallio, Riane		\$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 (\$)
06/07/2024	Garcia, Bianca		\$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	iction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 41/135 Rpt: 44/140
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 (\$)
06/21/2024			\$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>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024			\$3.00
	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 (\$)
06/21/2024	Gardner, Dale		\$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	"
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Garrett, Christina		\$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	,
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
06/21/2024	Garrett, Christina		\$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	"

				_		
-	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/135 Rpt: 45/140	
2	2 FILER NAME			3	Filer ID (Ethics Commission I	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 (\$)	
(	06/07/2024	Gastelum, Aaron				\$1.00
	I	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#:	)	Ī	Amount of Contribution (\$)	
(	06/21/2024	Gastelum, Aaron				\$1.00
	I	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#:	)	Ī	Amount of Contribution (\$)	
(	06/07/2024	Gold, Mora				\$3.00
	Contributor address; City; State; Zip Code			1		
		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#:	)	Γ	Amount of Contribution (\$)	
(	06/21/2024	Gold, Mora				\$3.00
	I	Contributor address; City; State; Zip Code		1		
L_		Austin, TX 78721		Ĺ		
		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 (\$)	
(	06/07/2024	Gomez-Rivera, Alexander Brooks				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721	1 – . <u>/2 hastaat</u> iaa	Ĺ		
		ipation / 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: 43/135 Rpt: 46/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	vis County Emergency Medical Services Employee Pa		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024	Gomez-Rivera, Alexander Brooks		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occ	cupation / 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 (\$)
06/07/2024	Gordon, Jennifer		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	.) )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	cupation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Gowe, Kathleen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	cupation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Gowe, Kathleen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	cupation / 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: 44/135 Rpt: 47/140
2 FILER NAME	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 (\$)
06/07/2024	Gregson, Jordan		\$3.00
	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 (\$)
06/21/2024	Gregson, Jordan		\$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	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Griffin, Bradley		\$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	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Amount of Contribution (\$)
06/21/2024	Griffin, Bradley		\$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	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Griffith, Kimberly		\$5.00
	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	
1			

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 45/135 Rpt: 48/140
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 (\$)
06/21/2024	Griffith, Kimberly		\$5.00
	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 (\$)
06/07/2024	Grijalva, Corey		\$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 (\$)
06/21/2024	Grijalva, Corey		\$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 (\$)
06/07/2024	Hadas, Brian		\$2.00
	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 (\$)
06/21/2024	Hadas, Brian		\$2.00
	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 Instru	ction Guide explains how to complete this f	iorm.	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		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/07/2024	Hadden, Justin		\$3.
	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 (\$)
06/21/2024	Hadden, Justin		\$3.
	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 (\$) \$3.
06/07/2024	Haggarty, Timothy	laggarty, Timothy	
	Contributor address; City; State; Zip Code		
	August TV 20204		
D in single and	Austin, TX 78721		
Principal occu Medic	upation / 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 (\$)
06/21/2024	Haggarty, Timothy		\$3.
	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 (\$)
06/07/2024	Hair, Nathan	/	\$2.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Principal occu	Contributor address; City; State; Zip Code Austin, TX 78721		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 47/135 Rpt: 50/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/21/2024	5 Full name of contributor out-of-state PAC (ID#: Hair, Nathan	)	7 Amount of Contribution (\$) \$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	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Hairston, Christopher		\$1.00
	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 (\$)
06/21/2024	Hairston, Christopher		\$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 (\$)
06/07/2024	Hanes, Rodney		\$5.00
	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 (\$)
06/21/2024	Hanes, Rodney		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	iorm	1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form.			Sch: 48/135 Rpt: 51/140
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 (\$)
06/07/2024	Hanks, Kaden		\$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 (\$)
06/21/2024	Hanks, Kaden		\$3.00
	Contributor address; City; State; Zip Code		
Dringingl occu	Austin, TX 78721	Employer (See Instructions	
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
00/07/2024	Hargrave, Jeffrey		ψο.υυ
	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 (\$)
06/21/2024	Hargrave, Jeffrey		\$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 (\$)
06/07/2024	Harner, Kevin		\$2.50
	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 Cabadula A1;
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 49/135 Rpt: 52/140
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 (\$)
06/21/2024	Harner, Kevin		\$2.50
	6 Contributor address; City; State; Zip Code		1
2 Duin singly again	Austin, TX 78721		Į
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Hawthorne, Cole		\$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#:_	<u> </u>	Amount of Contribution (\$)
06/21/2024	Hawthorne, Cole		\$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 (\$)
06/07/2024	Hay, Keli		\$3.00
	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 (\$)
06/21/2024	Hay, Keli	/	\$3.00
00/22/202	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	form.	1 Total pages Schedule A1: Sch: 50/135 Rpt: 53/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Hellein, Jacob	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
D. D. Statisel acco	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 (\$)
06/21/2024	Hellein, Jacob		\$3.00
	Contributor address; City; State; Zip Code		
l	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 (\$)
06/07/2024	Hernandez, Hugo		\$1.00
	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 (\$)
06/21/2024	Hernandez, Hugo		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
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 (\$)
06/07/2024	Hernandez Arias, Alejandra		\$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	,
		1	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 51/135 Rpt: 54/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	4C	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024	Hernandez Arias, Alejandra		\$3.
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	pation / 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 (\$)
06/07/2024	Herrera, Caroline		\$3.
	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 (\$)
06/21/2024	Herrera, Caroline		\$3.
	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 (\$)
06/07/2024	Hicks, Matthew		\$5.
	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 (\$)
06/21/2024	Hicks, Matthew		\$5.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	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: 52/135 Rpt: 55/140
2 FILER NAME Austin Travis	Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
06/07/2024	Hindman, Justin		\$1.00
l	6 Contributor address; City; State; Zip Code	,	•
Drincipal occur	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions	
Medic		City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/21/2024	Hindman, Justin	/	\$1.00
00/22/202	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 Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Hindman, Shelby		\$1.00
	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#:	<u> </u>	Amount of Contribution (\$)
06/21/2024	Hindman, Shelby		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	\$)
	<b></b>	City of Austin	
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$2.50
00/0772024	Holland, Travis		φ2.50
	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 Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/135 Rpt: 56/140	
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 (\$)	
06/21/2024	Holland, Travis		\$2	2.50
	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 (\$)	
06/07/2024	Howell, Joseph		\$3	8.00
	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 (\$)	
06/21/2024	Howell, Joseph		\$3	8.00
	Contributor address; City; State; Zip Code			
Di indaan	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 (\$)	
06/07/2024			\$10	.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 (\$)	
06/21/2024	Huitt, Andrew	/	\$10	0.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 54/135 Rpt: 57/140
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 (\$)
06/07/2024	Jackson, Bryan		\$3.00
	6 Contributor address; City; State; Zip Code		1
Dringinglocou	Austin, TX 78721	Employer (See Instructions	
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 (\$)
06/21/2024	Jackson, Bryan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
06/07/2024	Jacobsen, Patrick		\$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 (\$)
06/21/2024	Jacobsen, Patrick		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/07/2024	Jakubauskas, Eric		\$2.50
	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	iction 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)
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 (\$)
06/21/2024			\$2.50
	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	3)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024			\$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	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/21/2024		/	\$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	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Jensen, David		\$3.00
	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	"
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/21/2024		/	\$3.00
00.22,232	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

1 Total pages Schedule A1: Sch: 56/135 Rpt: 59/140
3 Filer ID (Ethics Commission Filers)
00053202
) <b>7</b> Amount of Contribution (\$)
\$3.00
ployer (See Instructions)
y of Austin
) Amount of Contribution (\$)
\$3.00
ployer (See Instructions)
y of Austin
) Amount of Contribution (\$)
\$3.00
ployer (See Instructions)
y of Austin
) Amount of Contribution (\$)
\$3.00
ployer (See Instructions)
/ of Austin
) Amount of Contribution (\$)
) Amount of Contribution (\$) \$1.00
\$1.00

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	Sch: 57/135 Rpt: 60/140	
2 FILER NAME	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 (\$)
06/21/2024	Johns, Edward		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	I Ipation / 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 (\$)
06/07/2024	Johnson, Andy		\$5.00
	Contributor address; City; State; Zip Code		1
Dringing occu	Austin, TX 78721	Employer (See Instructions	
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
			Amount of Contribution (\$)
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:] Johnson, Andy	)	Amount of Contribution (\$) \$5.00
0012112021	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 (\$)
06/07/2024	Junod, Joseph		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>۲</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Junod, Joseph		\$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 Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 58/135 Rpt: 61/140
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$1.40</li></ul>
0010112021	6 Contributor address; City; State; Zip Code		+
	Austin, TX 78721		
8 Principal occu	upation / 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 (\$)
06/21/2024	Kalinowski, Jonathan		\$1.40
	Contributor address; City; State; Zip Code		•
	נטוונווטענטו מטטופיז, טונץ, סומוכ, בוף כסטב		
	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 (\$)
06/07/2024	Kaminowitz, Robert		\$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 (\$)
06/21/2024	Kaminowitz, Robert		\$3.00
	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 (\$)
06/07/2024	Kane, Mikel		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Medic	,	City of Austin	-,

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 59/135 Rpt: 62/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/21/2024	5 Full name of contributor out-of-state PAC (ID#:_ Kane, Mikel		<ul><li>7 Amount of Contribution (\$)</li><li>\$1.00</li></ul>
	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	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Keef, Sean		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
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 (\$)
06/21/2024	Keef, Sean Contributor address; City; State; Zip Code		\$3.00
Principal occu	Austin, TX 78721 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 (\$)
06/07/2024	Kelly, Nolan		\$5.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Kelly, Nolan		\$5.27
	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	
		1	

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)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/07/2024	Kimble, Alena		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / 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 (\$)
06/21/2024	Kimble, Alena		\$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 (\$)
06/07/2024	Kingsbury, Dillon		\$3.00
	Contributor address; City; State; Zip Code		
Duin ringt again	Austin, TX 78721		<u></u>
Principal occu Medic	upation / 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 (\$)
06/21/2024	Kingsbury, Dillon		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	)
	Full name of contributor out-of-state PAC (ID#:	-	Amount of Contribution (\$)
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Kirmanidis, Andre	)	Amount of Contribution (\$) \$3.00
00/01/2024			ψο.ου
	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	,

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 61/135 Rpt: 64/140
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 (\$)
06/21/2024	Kirmanidis, Andre		\$3.00
	6 Contributor address; City; State; Zip Code		
<ol> <li>D inside a service</li> </ol>	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 (\$)
06/07/2024	Knauer, Andrew		\$3.00
	Contributor address; City; State; Zip Code		
	A		
Dringing Loopu	Austin, TX 78721		<u> </u>
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 (\$)
06/21/2024	Knauer, Andrew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occupation / Job title (See Instructions) Employer (See Instructions		<u></u>	
Medic		City of Austin	<i>י</i>
	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (¢)
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Knight, Aaron	)	Amount of Contribution (\$) \$3.00
00/0772024	-		ψο.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> چ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	Knight, Aaron		\$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	
		<u>I</u>	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 62/135 Rpt: 65/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Koller, Joel	)	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	3)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	Koller, Joel		\$3.00
			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 (\$)
06/07/2024	Koller, Steven		\$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 (\$)
06/21/2024	Koller, Steven		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Kownacki, Benjamin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		Į
-	upation / 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: 63/135 Rpt: 66/140
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 (\$)
06/21/2024	Kownacki, Benjamin		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	<u> </u>
	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 (\$)
06/07/2024			\$3.00
	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>י</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Dale 06/21/2024	Full name of contributor out-of-state PAC (ID#: Kraemer, Ashley	)	Amount of Contribution (\$) \$3.00
001211202			
	כטוונווטענטו מטעובטט, כונץ, טומנל, בוף כטעב		
	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 (\$)
06/07/2024	Krampitz, Casey		\$1.30
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic	<u> </u>	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	Krampitz, Casey		\$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	''

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 64/135 Rpt: 67/140
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 (\$)
06/07/2024	Kraus, Stephen		\$3.00
	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 (\$)
06/21/2024	Kraus, Stephen		\$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 (\$)
06/07/2024	Krycia, Noah		\$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 (\$)
06/21/2024	Krycia, Noah		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Drincinal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Kurtze, Benedict		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
D in single age	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 65/135 Rpt: 68/140
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/21/2024	5 Full name of contributor out-of-state PAC (ID#: Kurtze, Benedict	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
00/22/202	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#:	<u> </u>	Amount of Contribution (\$)
06/07/2024	Lamoureux, Nicholas		\$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 (\$)
06/21/2024	Lamoureux, Nicholas		\$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 (\$)
06/07/2024	Lancaster, Eric		\$2.50
	Contributor address; City; State; Zip Code		1
	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 (\$)
06/21/2024	Lancaster, Eric		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u>.</u>	
	upation / 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: 66/135 Rpt: 69/140
2 FILER NAME	s County Emergency Medical Services Employee P.		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: LeFan, Rebecca	)	7 Amount of Contribution (\$) \$2.00
0010112024	6 Contributor address; City; State; Zip Code		ψ2.00
	b Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ŝ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	LeFan, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		1
Dringing ago	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 (\$)
06/07/2024	Leibin, Michael		\$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 (\$)
06/21/2024	Leibin, Michael		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/07/2024	Lesley, Brian	/	\$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	

The Instruc	ction Guide explains how to complete this f	iorm.	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	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024	Lesley, Brian		\$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 (\$)
06/07/2024	Lester, Christopher		\$1.0
	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 (\$)
06/21/2024	Lester, Christopher		\$1.0
	Contributor address; City; State; Zip Code		1
	Augustia TV 20201		
Drive sized account	Austin, TX 78721		Į
Principal occu Medic	pation / 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 (\$)
06/07/2024	Leyva, Andrew		\$3.0
	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>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/21/2024	Leyva, Andrew	/	\$3.0
00,22,202	Contributor address; City; State; Zip Code		
	Culturbutor audress, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 68/135 Rpt: 71/140	
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 (\$)
06/07/2024	Lidster, Matthew		\$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 (\$)
06/21/2024	Lidster, Matthew		\$1.00
	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 (\$)
06/07/2024	Lindsay, Ross		\$3.00
	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 (\$)
06/21/2024	Lindsay, Ross		\$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 (\$)
06/07/2024	Lines, Bradley		\$4.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
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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			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	4C	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024	Lines, Bradley		\$4.50
	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 (\$)
06/07/2024	Lopez, Cindy		\$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 (\$)
06/21/2024	Lopez, Cindy		\$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 (\$)
06/07/2024	Lopez, Lindsay		\$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 (\$)
06/21/2024	Lopez, Lindsay		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 70/135 Rpt: 73/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/07/2024			<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		4
	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 (\$)
06/21/2024			\$3.00
	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 (\$)
06/07/2024			\$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 (\$)
06/21/2024	Lozano Avila, Victor		\$3.00
	Contributor address; City; State; Zip Code		1
	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#:_	<u> </u>	Amount of Contribution (\$)
06/07/2024		/	\$1.00
	Contributor address; City; State; Zip Code		· ·
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Medic		City of Austin	
;			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 71/135 Rpt: 74/140
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 (\$)
06/21/2024			\$1.
	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 (\$)
06/07/2024	Lynch, Brian		\$3.
	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 Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	Lynch, Brian		\$3.
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	<i>;</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Malgieri, Anthony		\$3.
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Dringing oogu	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	3)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Malgieri, Anthony		\$3.
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing oogu	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	3)
MEUIC		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 72/135 Rpt: 75/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/07/2024			<ul><li>7 Amount of Contribution (\$)</li><li>\$1.00</li></ul>
00/0112027			
	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#:	)	Amount of Contribution (\$)
06/21/2024	Mallon, Paul		\$1.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Γ δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/07/2024	Malone, Jordan	/	\$3.00
	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 (\$)
06/21/2024	Malone, Jordan		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	\$)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Mancia Covarrubias, Adonay		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 73/135 Rpt: 76/140
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 (\$)
06/21/2024			\$3.0
	6 Contributor address; City; State; Zip Code		
	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 (\$)
06/07/2024	Mancias, Vivian		\$3.0
	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 (\$)
06/21/2024	Mancias, Vivian		\$3.0
	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 (\$)
06/07/2024	Martin, Denise		\$3.0
	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 (\$)
06/21/2024	Martin, Denise		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

<ul> <li>2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC</li> <li>4 Date</li> <li>5 Full name of contributor out-of-state PAC (ID#:</li></ul>	1 Total pages Schedule A1: Sch: 74/135 Rpt: 77/140
Austin Travis County Emergency Medical Services Employee PAC	
Austin Travis County Emergency Medical Services Employee PAC	<b>3</b> Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	00053202
	_) <b>7</b> Amount of Contribution (\$)
06/07/2024 Martin, Emily	\$5.0
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)	uctions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
06/21/2024 Martin, Emily	\$5.0
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
06/07/2024 Martin, Noah	\$3.0
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
Medic City of Austin	
	) Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	
06/21/2024 Martin, Noah	\$3.0
06/21/2024 Martin, Noah	
06/21/2024 Martin, Noah Contributor address; City; State; Zip Code	
06/21/2024 Martin, Noah Contributor address; City; State; Zip Code Austin, TX 78721	\$3.0
06/21/2024       Martin, Noah         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	\$3.0
06/21/2024 Martin, Noah Contributor address; City; State; Zip Code Austin, TX 78721	\$3.0
06/21/2024       Martin, Noah         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#:	S3.0 (s) (s) (s) (s)
06/21/2024     Martin, Noah       Contributor address; City; State; Zip Code       Austin, TX 78721       Principal occupation / Job title (See Instructions)       Medic   Employer (See Instructions) City of Austin	\$3.0 uctions)
06/21/2024       Martin, Noah         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#:	S3.0 (s) (s) (s) (s)
06/21/2024       Martin, Noah         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         06/07/2024         Martinez, Henry	S3.0 (s) (s) (s) (s)
06/21/2024       Martin, Noah         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         06/07/2024         Martinez, Henry         Contributor address; City; State; Zip Code	S3.0 (s) (s) (s) (s)
06/21/2024       Martin, Noah         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         06/07/2024         Martinez, Henry         Contributor address; City; State; Zip Code         Austin, TX 78721	\$3.0 uctions) Amount of Contribution (\$) \$1.0
06/21/2024       Martin, Noah         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         06/07/2024         Martinez, Henry         Contributor address; City; State; Zip Code	\$3.0 uctions) Amount of Contribution (\$) \$1.0

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 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 Pa	AC	00053202
4 Date 06/21/2024			7 Amount of Contribution (\$) \$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#:	)	Amount of Contribution (\$)
06/07/2024	Mason, Bryan		\$4.50
	Contributor address; City; State; Zip Code		•
	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 (\$)
06/21/2024	Mason, Bryan		\$4.50
	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 (\$)
06/07/2024	Maxwell, Aaron		\$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	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Maxwell, Aaron		\$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	
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The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 76/135 Rpt: 79/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/07/2024			\$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 (\$)
06/07/2024	May, Meghan		\$1.27
	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 (\$)
06/21/2024	May, Meghan		\$1.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	\ N
Medic		City of Austin	)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Mayian, Jimma		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	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 (\$)
06/21/2024		/	\$3.00
00/22/202	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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: 77/135 Rpt: 80/140
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/07/2024			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	s) 
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	McClelland, Sterling		\$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 (\$)
06/07/2024	McDaniel, Michael	/	\$9.50
0010112024	Contributor address; City; State; Zip Code		ψυ.υυ
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	c)
Medic		City of Austin	>) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	McDaniel, Michael		\$9.50
	Contributor address; City; State; Zip Code		
	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 (\$)
06/07/2024	McGarry, Kenneth		\$2.50
	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	
		1	

The Instru	iction Guide explains how to complete this f	form	1 Total pages Schedule A1:
		onn.	Sch: 78/135 Rpt: 81/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024			\$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>۲ــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	McIntire, Morgan		\$1.00
	Contributor address; City; State; Zip Code		1
Drinsipal agai	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$1.00
00/21/2024	McIntire, Morgan		Φ±.υυ
	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 (\$)
06/07/2024	McLaughlin, Kathleen		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	"
Date	Full name of contributorout-of-state PAC (ID#:		Amount of Contribution (\$)
06/21/2024		/	\$3.00
00,22,232	Contributor address; City; State; Zip Code		•
	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	form.	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 Pa	AC	00053202
4 Date 06/07/2024			<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	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	McNiff, Katie		\$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 (\$)
06/07/2024	Medina, Jonathan		\$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 (\$)
06/21/2024	Medina, Jonathan		\$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 (\$)
06/07/2024	Megally, Maureen		\$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: 80/135 Rpt: 83/140
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 (\$)
06/21/2024			\$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 (\$)
06/07/2024	Mendez, Corey		\$3.00
	Contributor address; City; State; Zip Code		1
Drincinal occu	Austin, TX 78721	Employer (See Instructions	~\
Medic	ipation / Job title (See Instructions)	City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Dale 06/21/2024	Full name of contributor out-of-state PAC (ID#: Mendez, Corey	)	Amount of Contribution (\$) \$3.00
00/21/202 .	Contributor address; City; State; Zip Code		
	Austin, TX 78721	•	
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Mestaz, Thomas		\$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 (\$)
06/21/2024	Mestaz, Thomas		\$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	,

The Instruction Guide explains how to complete this form.         2       FILER NAME	1 Total pages Schedule A1: Sch: 81/135 Rpt: 84/140
	<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 (\$)
06/07/2024 Miller, Matthew	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)	s)
Medic City of Austin	5)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024 Miller, Matthew	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / 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 (\$)
06/07/2024 Mireles, Guadalupe	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / 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 (\$)
06/21/2024 Mireles, Guadalupe	\$5.00
Contributor address; City; State; Zip Code	1
Austin, TX 78721	
Principal occupation / 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 (\$)
06/07/2024 Molinelli, Nicholas	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
	s)

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 82/135 Rpt: 85/140
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 (\$)
06/21/2024	Molinelli, Nicholas		\$3.00
	6 Contributor address; City; State; Zip Code		
	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 (\$)
06/07/2024	Monson, Nancy		\$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 (\$)
06/21/2024	Monson, Nancy		\$1.00
	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 (\$)
06/07/2024	Moore, Garrett		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1 _ · /2 hastmations	
-	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 (\$)
06/21/2024	Moore, Garrett		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Duin singly a set	Austin, TX 78721		<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 83/135 Rpt: 86/140
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 (\$)
06/07/2024	Morris, Kyle		\$3.00
1	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 (\$)
06/21/2024	Morris, Kyle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
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 (\$)
06/07/2024	Morrison, Timothy		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Morrison, Timothy		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing occu	Austin, TX 78721	Employer (See Instructions)	\
Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)
		1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Morton, Rebecca		\$2.00
	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: 84/135 Rpt: 87/140
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 (\$)
06/21/2024	Morton, Rebecca		\$2.00
	6 Contributor address; City; State; Zip Code		
2 Dringingloggy	Austin, TX 78721		,
8 Principal occu Medic	upation / 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 (\$)
06/07/2024	Muniz, Brian		\$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 (\$)
06/21/2024	Muniz, Brian		\$2.00
	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 (\$)
06/07/2024	Murphy, Michelle		\$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 (\$)
06/21/2024	Murphy, Michelle		\$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	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 85/135 Rpt: 88/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Nance, Megan	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
L	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 (\$)
06/21/2024	Nance, Megan		\$3.00
			1
	Austin, TX 78721		
Princinal 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 (\$)
06/07/2024			\$3.00
	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 (\$)
06/21/2024	Negron, Luis		\$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 (\$)
06/07/2024	Nelson, William		\$3.00
	Contributor address; City; State; Zip Code		1
	Auction TV 70701		
Drizzinal agai	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: 86/135 Rpt: 89/140
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 (\$)
06/21/2024	Nelson, William		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin TV 70701		
8 Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Medic		City of Austin	>)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Nguyen, Christopher	)	Amount of Contribution (\$) \$3.00
00/0112027			
	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 (\$)
06/21/2024	Nguyen, Christopher		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Dringingl occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	A)
Medic		City of Austin	5)
			Amount of Contribution (\$)
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Noak, Darren	)	Amount of Contribution (\$) \$2.50
00/01/2021	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 (\$)
06/21/2024	Noak, Darren		\$2.50
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drincinal occu	Austin, TX 78721	Employer (See Instructions	
Medic	ipation / Job title (See Instructions)	City of Austin	5)
MCulo			

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			3 Filer ID (Ethics Commission File	ers)
Austin Travis	County Emergency Medical Services Employee PA	4C	00053202	
06/07/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_ Noble, Keith</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$)	\$5.00
	Austin, TX 78721			
8 Principal occup Medic	pation / Job title (See Instructions)	<ul> <li>9 Employer (See Instructions)</li> <li>City of Austin</li> </ul>	)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/21/2024	Noble, Keith			\$5.00
	Contributor address; City; State; Zip Code Austin, TX 78721			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	١	
Medic		City of Austin	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2024	Noftle, Rachel			\$3.00
	Contributor address; City; State; Zip Code			
	Austin TV 70701			
	Austin, TX 78721	Frankrige (Cool Instructions)		
Principal occur Medic	Austin, TX 78721 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#:_	City of Austin	) Amount of Contribution (\$)	
Medic	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Noftle, Rachel	City of Austin		\$3.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin		\$3.00
Medic Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_ Noftle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin		\$3.00
Medic Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_ Noftle, Rachel Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/21/2024 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Noftle, Rachel       Outributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/21/2024 Principal occup Medic	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Noftle, Rachel         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Nudelman, Lee	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/21/2024 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Noftle, Rachel       Outributor address; City; State; Zip Code         Austin, TX 78721       Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/21/2024 Principal occup Medic Date	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Noftle, Rachel         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Nudelman, Lee	City of Austin	Amount of Contribution (\$)	
Medic Date 06/21/2024 Principal occur Medic Date 06/07/2024	Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Noftle, Rachel       Out-of-state PAC (ID#:_         Contributor address; City; State; Zip Code       Out-of-state PAC (ID#:_         Austin, TX 78721       Out-of-state PAC (ID#:_         Dation / Job title (See Instructions)       Out-of-state PAC (ID#:_         Full name of contributor       Out-of-state PAC (ID#:_         Nudelman, Lee       Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

2 FILER NAME	ion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 88/135 Rpt: 91/140	
			3 Filer ID (Ethics Commission Filers)	)
Austin Travis (	County Emergency Medical Services Employee PA	AC	00053202	
06/21/2024	Full name of contributor out-of-state PAC (ID#: Nudelman, Lee		<ul><li>7 Amount of Contribution (\$)</li><li>\$5</li></ul>	5.00
6	Gontributor address; City; State; Zip Code			
8 Principal occupa Medic	ation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2024	Olivarez, Dominique			3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
06/21/2024	Olivarez, Dominique	/		3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions) City of Austin	, 	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2024	Olivo, Nicholas Contributor address; City; State; Zip Code		\$1	00
	Austin, TX 78721			
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)	
weate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	00
Date 06/21/2024	Olivo, Nicholas		\$1	
Date	Olivo, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721		۲۹	
Date 06/21/2024	Contributor address; City; State; Zip Code	Employer (See Instructions)		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 89/135 Rpt: 92/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: Orr, John	)	<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#:	)	Amount of Contribution (\$)
06/21/2024	Orr, John		\$3.00
			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 (\$)
06/07/2024	Orr, Valeria		\$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 (\$)
06/21/2024	Orr, Valeria		\$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#:	)	Amount of Contribution (\$)
06/07/2024	Pailes, Kenneth		\$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	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 90/135 Rpt: 93/140
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 (\$)
06/21/2024	Pailes, Kenneth		\$5.00
	6 Contributor address; City; State; Zip Code		
2 Driveiral occur	Austin, TX 78721		<u> </u>
8 Principal occuj 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 (\$)
06/07/2024			\$5.00
	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 (\$)
06/21/2024	Palmer, Jacob		\$5.00
00/21/202 .			
	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 (\$)
06/07/2024	Patterson, Roger		\$4.50
	Contributor address; City; State; Zip Code		
Dringinglassu	Austin, TX 78721		
Principal occuj Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	·)
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$4.50
00/21/2024	Patterson, Roger		- ₽+.JU
	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	,

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	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/07/2024	Pearson, Kayla		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	T	
	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 (\$)
06/21/2024	Pearson, Kayla		\$3.00
	Contributor address; City; State; Zip Code		]
- · · ·	Austin, TX 78721	<u> </u>	
	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 (\$)
06/07/2024	Perry, Sean		\$3.00
	Contributor address; City; State; Zip Code		
	Auctin TV 70701		
Dringingl occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Perry, Sean		\$3.00
	Contributor address; City; State; Zip Code	ſ	
		ſ	
	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#:	<u> </u>	Amount of Contribution (\$)
06/07/2024	Phillips, Heather		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
			Sch: 92/135 Rpt: 95/140
2 FILER NAME Austin Travis	S County Emergency Medical Services Employee PA		3 Filer ID (Ethics Commission Filers) 00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)
4 Dale 06/21/2024	Phillips, Heather	/	* Amount of Contribution (\$) \$1.00
00/21/202 .	6 Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	I		
	Austin, TX 78721		
B 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 (\$)
06/07/2024	Phillips, Kyle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1 _ (2  setwork end)	
Principal occuj 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 (\$)
06/21/2024	Phillips, Kyle		\$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 (\$)
06/07/2024	Pizzonia, Alexander		\$3.00
	Contributor address; City; State; Zip Code	,	
	l		
	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 (\$)
06/21/2024	Pizzonia, Alexander		\$3.00
	Contributor addroce: City: State: 7in Code		
	Contributor address; City; State; Zip Code		
	Communication address, City, State, Zip Code		
	Austin, TX 78721	Employer (See Instructione)	\
		Employer (See Instructions) City of Austin	)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 93/135 Rpt: 96/140
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 (\$)
06/07/2024	Plewacki, Thomas		\$1.00
	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 (\$)
06/21/2024	Plewacki, Thomas		\$1.00
	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	·)
			Amount of Contribution (\$)
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Poss, Lauren	)	Amount of Contribution (\$) \$3.00
00/01/2024			φυ.υυ
	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 (\$)
06/21/2024	Poss, Lauren		\$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 (\$)
06/07/2024	Powell-Evans, Simon		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drincinal occu		Employor (See Instructions	
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	<i>i</i> )
MEDIC			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 94/135 Rpt: 97/140
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 (\$)
06/21/2024	Powell-Evans, Simon		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ŝ)
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Powers, Kristy		\$2.50
	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 (\$)
06/21/2024	Powers, Kristy		\$2.50
	Contributor address; City; State; Zip Code		1
Di indaan	Austin, TX 78721	1 _ /0 lasta	Į
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 (\$)
06/07/2024	Price, Amber		\$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 (\$)
06/21/2024	Price, Amber		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	i	
	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: 95/135 Rpt: 98/140
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travia	is County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/07/2024			\$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 (\$)
06/21/2024	Pruiett, Cayden		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
	<u> </u>	-	1 (2)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024			\$2.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	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	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	—		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / 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: 96/135 Rpt: 99/140	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	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 (\$)	
06/21/2024	Pursley, Shaun			\$2.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721	I	-	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Medic		City of Austin	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2024	Quiroz Mendez, Jesus			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Dringing ogg		Employer (See Instructions	<u> </u>	
Medic	ipation / Job title (See Instructions)	City of Austin	<i>b)</i>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	¢2.00
06/21/2024				\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2024	Rafferty, Zachary			\$13.00
	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 (\$)	
06/21/2024	Rafferty, Zachary		9	\$13.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721	1		
	pation / Job title (See Instructions)		5)	
Medic		City of Austin		
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: 97/135 Rpt: 100/140
2 FILER NAME	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 (\$)
06/07/2024	Ramirez, Alexandra		\$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 (\$)
06/21/2024			\$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	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/07/2024	Ramos, Duane	/	\$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 (\$)
06/21/2024	Ramos, Duane		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occur	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 (\$)
06/07/2024	Full name of contributor out-of-state PAC (ID#: Rasmussen, Nathan	/	\$9.50
00/01/202	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 98/135 Rpt: 101/140
2 FILER NAME	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 (\$)
06/21/2024	Rasmussen, Nathan		\$9.50
	6 Contributor address; City; State; Zip Code		
2 Driveiral acou	Austin, TX 78721		<u> </u>
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 (\$)
06/07/2024			\$3.00
	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	<i>י</i>
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/21/2024	Rasmussen, Rebecca		\$3.00
00/21/202.	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 (\$)
06/07/2024	Rattan, MaKena		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing! agou	Austin, TX 78721	Employer (Cap Instructions	
Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
00/21/2024	Rattan, MaKena		φ3.00
	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	,

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 99/135 Rpt: 102/140
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 (\$)
06/07/2024	Rawn, Madison		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / 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 (\$)
06/21/2024	Rawn, Madison		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
	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 (\$)
06/07/2024	4 Reader, Robert		\$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 (\$)
06/21/2024	Reader, Robert		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I 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 (\$)
06/07/2024	Redd, Kevin		\$1.30
	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	

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 100/135 Rpt: 103/140	
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 (\$)
06/21/2024	Redd, Kevin		\$1.30
	6 Contributor address; City; State; Zip Code		
	Austin TV 79721		
8 Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions	2)
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024			\$3.00
	Contributor address; City; State; Zip Code		
Deinsinglasse	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	6)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024	· · · · · · · · · · · · · · · · · · ·		\$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 (\$)
06/07/2024	- 5 - 7		\$3.00
	Contributor address; City; State; Zip Code		
Drivering Lawren	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	6)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	I S)
Medic	,	City of Austin	-

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 101/135 Rpt: 104/140
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 (\$)
06/07/2024	Reilly, Susanna		\$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 (\$)
06/21/2024	Reilly, Susanna		\$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 (\$)
06/07/2024	Remus, Hannah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drinoinal occu		Employer (See Instructions)	x
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 (\$)
06/21/2024	Remus, Hannah		\$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 (\$)
06/07/2024	Reyes, Christopher	/	\$3.00
00/01/202	Contributor address; City; State: Zip Code		
	Contributor address, City, State, Eip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic	•	City of Austin	

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/135 Rpt: 105/140
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 (\$)
06/21/2024	Reyes, Christopher		\$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 (\$)
06/07/2024	Rice, Larry		\$2.00
	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 (\$)
06/21/2024	Rice, Larry		\$2.00
	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 (\$)
06/07/2024	Richter, Lauren		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	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 (\$)
06/21/2024	Richter, Lauren		\$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 Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/135 Rpt: 106/140
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 (\$)
06/07/2024	Risinger, Russell		\$2.00
	6 Contributor address; City; State; Zip Code		
2 Drive sized as an	Austin, TX 78721		
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024			\$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#:_	<u> </u>	Amount of Contribution (\$)
06/07/2024	Rivera, Nathaniel	/	\$3.00
001011202-1			÷0.00
	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 (\$)
06/21/2024	Rivera, Nathaniel		\$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 (\$)
06/07/2024	Rocha, Andrea		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing occu	Austin, TX 78721	Employer (See Instructions)	N
Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 104/135 Rpt: 107/140
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#:	) <b>7</b> Amount of Contribution (\$)
06/21/2024 Rocha, Andrea	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721  P. Dringing acquired in the Goal Instructions	
8 Principal occupation / Job title (See Instructions)       9 Employer (See City of Australian City of Aus	
Date Full name of contributor out-of-state PAC (ID#: 06/07/2024 Rodgers, Jared	) Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	ee Instructions)
Medic City of Aust	-
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/21/2024 Rodgers, Jared	\$2.50
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	ee Instructions)
Medic City of Aust	tin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/07/2024 Rodriguez, Andrew	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	ee Instructions)
Medic City of Aust	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/21/2024 Rodriguez, Andrew	\$3.00
Contributor address; City; State: Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (S	ee Instructions)
Medic City of Aust	tin

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 105/135 Rpt: 108/140
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 (\$)
06/07/2024	Rodriguez, Giovanni		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	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 (\$)
06/21/2024	Rodriguez, Giovanni		\$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	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/07/2024	Roe, Lillian		\$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	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Roe, Lillian		\$3.00
	Contributor address; City; State; Zip Code		1
	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 (\$)
06/07/2024	Rogers, Darren		\$1.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		<u> </u>	

l			
The Instru	ction Guide explains how to complete this f	orm.	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 PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024	Rogers, Darren		\$1.30
	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 (\$)
06/07/2024	Rogers, Wesley		\$5.00
	Contributor address; City; State; Zip Code		4
	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 (\$)
06/21/2024	Rogers, Wesley		\$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 (\$)
06/07/2024	Romo, Jodeci		\$3.00
	Contributor address; City; State; Zip Code		1
		ſ	
	Austin, TX 78721	1	<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 (\$)
06/21/2024	Romo, Jodeci		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin, TX 78721	1	<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	š)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 107/135 Rpt: 110/140
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 (\$)
06/07/2024 Rose, Donald	\$2.50
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
06/21/2024 Rose, Donald	\$2.50
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Medic City of Austin	
Date   Full name of contributor   out-of-state PAC (ID#:)	_) Amount of Contribution (\$)
06/07/2024 Rutledge, Lindsey	\$2.50
Contributor address; City; State; Zip Code	
Austin TV 70701	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)Employer (See Instructions)MedicCity of Austin	ctions)
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
06/21/2024 Rutledge, Lindsey	\$2.50
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Medic City of Austin	
	Amount of Contribution (\$)
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 (\$) \$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#:	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:	\$3.00
Date       Full name of contributor       out-of-state PAC (ID#:	\$3.00

The Instrue	ction Guide explains how to complete this f	iorm.	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 (\$)
06/21/2024	Salmeron, Alejandro		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	<u> </u>
	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 (\$)
06/07/2024	Sandoval Ruano, Edward		\$3.0
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drincinal occu	Austin, TX 78721	Employer (See Instructions	
Principal occu Medic	ipation / Job title (See Instructions)	City of Austin	•)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	Sandoval Ruano, Edward		\$3.0
	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 (\$)
06/07/2024	Santiago, Sabrina	/	\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	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 (\$)
06/21/2024	Santiago, Sabrina		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Medic	-	City of Austin	-

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 109/135 Rpt: 112/140	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	County Emergency Medical Services Employee PA		00053202	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) 7	7 Amount of Contribution (\$)	
06/07/2024	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 (\$)	
06/21/2024	Scamman, Alexis			\$3.00
	Contributor address; City; State; Zip Code			
	Austin TV 70721			
Principal occur	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
			Amount of Contribution (\$)	
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$5.00
	Schickel, Matthew			Φ0.00
	Contributor address; City; State; Zip Code	Employer (See Instructions)		
	Contributor address; City; State; Zip Code Austin, TX 78721			
Principal occup	Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions)	Amount of Contribution (\$)	
Principal occup Medic	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schickel, Matthew	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$5.00
Principal occup Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$5.00
Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Schickel, Matthew	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$5.00
Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Schickel, Matthew         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$5.00
Principal occup Medic Date 06/21/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	\$5.00
Principal occup Medic Date 06/21/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Schickel, Matthew         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$5.00
Principal occup Medic Date 06/21/2024 Principal occup Medic	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Gottickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)	Employer (See Instructions) City of Austin )		\$5.00
Principal occup Medic Date 06/21/2024 Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Principal occup Medic Date 06/21/2024 Principal occup Medic	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schulz, Douglas	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)		\$5.00
Principal occup Medic Date 06/21/2024 Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)		
Principal occup Medic Date 06/21/2024 Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schulz, Douglas	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)		
Principal occup Medic Date 06/21/2024 Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schulz, Douglas	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)		
Principal occup Medic Date 06/21/2024 Principal occup Medic Date 06/07/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schickel, Matthew         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Schulz, Douglas         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)		

The Instruc	tion Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 110/135 Rpt: 113/140	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Fi	lers)
	County Emergency Medical Services Employe	e PAC	00053202	
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of Contribution (\$)	
06/21/2024	Schulz, Douglas			\$1.30
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occur	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 (\$)	
06/07/2024	Schutt, Kyle			\$1.00
-	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 (\$)	
06/21/2024	Schutt, Kyle			\$1.00
00/21/2024	Schutt, Ryle			+=
00/21/2024				+1.00
00/21/2024	-			+1.00
00/21/2024	-			
00/21/2024	-			
	Contributor address; City; State; Zip Code	Employer (See Instructions	s)	
	Contributor address; City; State; Zip Code Austin, TX 78721		ς)	
Principal occur	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	s) Amount of Contribution (\$)	
Principal occup Medic	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC ( Scott, Austin	Employer (See Instructions City of Austin	-	\$3.00
Principal occur Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (	Employer (See Instructions City of Austin	-	
Principal occur Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC ( Scott, Austin	Employer (See Instructions City of Austin	-	
Principal occur Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC ( Scott, Austin Contributor address; City; State; Zip Code	Employer (See Instructions City of Austin	-	
Principal occur Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC ( Scott, Austin	Employer (See Instructions City of Austin	Amount of Contribution (\$)	
Principal occur Medic Date 06/07/2024 Principal occur	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC ( Scott, Austin Contributor address; City; State; Zip Code	Employer (See Instructions City of Austin	Amount of Contribution (\$)	
Principal occur Medic Date 06/07/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Gott, Austin         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions City of Austin	Amount of Contribution (\$)	
Principal occur Medic Date 06/07/2024 Principal occur	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Gott, Austin         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions City of Austin	Amount of Contribution (\$)	
Principal occur Medic Date 06/07/2024 Principal occur Medic	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)	Employer (See Instructions City of Austin	Amount of Contribution (\$)	
Principal occur Medic Date 06/07/2024 Principal occur Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Scott, Austin         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Gustin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Gustin, TX 78721         Dation / Job title (See Instructions)	Employer (See Instructions City of Austin	Amount of Contribution (\$)	\$3.00
Principal occur Medic Date 06/07/2024 Principal occur Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         bation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (Scott, Austin         Contributor address; City; State; Zip Code         Austin, TX 78721         bation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (Scott, Austin         Contributor address; City; State; Zip Code         Austin, TX 78721         bation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (Scott, Austin	Employer (See Instructions City of Austin	Amount of Contribution (\$)	\$3.00
Principal occur Medic Date 06/07/2024 Principal occur Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code         Full name of contributor         Gout-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code	Employer (See Instructions City of Austin	Amount of Contribution (\$)	\$3.00
Principal occur Medic Date 06/07/2024 Principal occur Medic Date 06/21/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Scott, Austin         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions City of Austin	Amount of Contribution (\$) . S) Amount of Contribution (\$) .	\$3.00
Principal occur Medic Date 06/07/2024 Principal occur Medic Date 06/21/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code         Full name of contributor         Gout-of-state PAC (Scott, Austin)         Contributor address; City; State; Zip Code	Employer (See Instructions City of Austin	Amount of Contribution (\$) . S) Amount of Contribution (\$) .	\$3.00

The Instru	ction Guide explains how to complete this f	orm.	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 P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/07/2024	Sedillo, Gabriel		\$3.00
	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 (\$)
06/21/2024	Sedillo, Gabriel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	ipation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Shelton-Collins, Marcus		\$3.00
	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	<b>'</b>
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#: Shelton-Collins, Marcus	)	Amount of Contribution (\$) \$3.00
00/21/2024	·		φσ.σσ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	L 3)
Medic	· ·	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Sircher, Christopher		\$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	
			·/·

The Instru	ction Guide explains how to complete this f	form.	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 P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024	Sircher, Christopher		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions)	1
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2024	Sklar, Estelle		\$3.0
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringingl occu	Austin, TX 78721	Employer (See Instructions)	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/21/2024			\$3.0
	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 (\$)
06/07/2024	Slattery, Christian	/	Amount of Contribution (\$) \$3.0
UUIUIILUL	-		+0.0
	Contributor address; City; State; Zip Code		
	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 (\$)
06/21/2024	Slattery, Christian		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Principal occu	Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions)	

The Instru	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 P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/07/2024	Sletten, Spencer		\$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 (\$)
06/21/2024	Sletten, Spencer		\$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 (\$)
06/07/2024	Smith, Anthony		\$2.50
	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 (\$)
06/21/2024	Smith, Anthony		\$2.50
	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 (\$)
06/07/2024	Smith, Ashlyn		\$3.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	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		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2024	Smith, Ashlyn		\$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>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Smith, Joshua		\$3.00
	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 (\$)
06/21/2024	Smith, Joshua		\$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 (\$)
06/07/2024	Soto, Darae		\$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 (\$)
06/21/2024	Soto, Darae		\$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.	1 Total pages Schedule A1: Sch: 115/135 Rpt: 118/140
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 (\$)
06/07/2024 Stec, Ryan	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instruction)         9 Employer (See Instructions)       9 Employer (See Instruction)	ons)
Medic City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024 Stec, Ryan	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Medic City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/07/2024 Stedman, Christina	\$5.00
Contributor address; City; State; Zip Code	
Austin TV 70701	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)Employer (See Instruction)MedicCity of Austin	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024 Stedman, Christina	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instruction)	
	 ons)
Principal occupation / Job title (See Instructions) Employer (See Instruction Medic City of Austin	
Principal occupation / Job title (See Instructions)     Employer (See Instruction)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instruction)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       06/07/2024     Stephens, Eric	
Principal occupation / Job title (See Instructions)     Employer (See Instruction)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       06/07/2024     Stephens, Eric	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instruction)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       06/07/2024     Stephens, Eric	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instruction)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       06/07/2024     Stephens, Eric	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instruction City of Austin       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       06/07/2024     Stephens, Eric        Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instruction City of Austin         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         06/07/2024       Stephens, Eric	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instruction City of Austin         Medic       Full name of contributor       out-of-state PAC (ID#:)         06/07/2024       Stephens, Eric	Amount of Contribution (\$) \$3.00

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 116/135 Rpt: 119/140
2 FILER NAME			3 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 (\$)
06/21/2024	Stephens, Eric		\$3.00
l	6 Contributor address; City; State; Zip Code		1
	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 (\$)
06/07/2024	Stevens, Mitchell		\$3.00
I	Contributor address; City; State; Zip Code		•
		ſ	
	Austin, TX 78721		
Principal occu	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 (\$)
06/21/2024	Stevens, Mitchell		\$3.00
I	Contributor address; City; State; Zip Code		
		ſ	
		ſ	
	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 (\$)
06/07/2024	Stowe, Richard		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Dringinal occu	Austin, TX 78721	Employer (See Instructions	
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 (\$)
06/21/2024	Stowe, Richard		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drineiral acou	Austin, TX 78721		<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instruct	ion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 117/135 Rpt: 120/140	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee P		00053202	
4 Date 5	Full name of contributor out-of-state PAC (ID#:_	) 7	7 Amount of Contribution (\$)	
06/07/2024	Stubbs, Brian			\$2.50
6	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	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 (\$)	
06/21/2024	Stubbs, Brian			\$2.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78721	<u> </u>		
	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 (\$)	
06/07/2024	Swanner, Emily			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721	<u> </u>		
	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 (\$)	
	Swanner, Emily	)		\$3.00
Date		)		\$3.00
Date	Swanner, Emily	)		\$3.00
Date	Swanner, Emily Contributor address; City; State; Zip Code	)		\$3.00
Date 06/21/2024	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721	)		\$3.00
Date 06/21/2024 Principal occupa	Swanner, Emily Contributor address; City; State; Zip Code	Employer (See Instructions)		\$3.00
Date 06/21/2024 Principal occupa Medic	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions)	)		\$3.00
Date 06/21/2024 Principal occupa Medic Date	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions)	Amount of Contribution (\$)	
Date 06/21/2024 Principal occupa Medic	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick	Employer (See Instructions)	Amount of Contribution (\$)	\$3.00
Date 06/21/2024 Principal occupa Medic Date	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions)	Amount of Contribution (\$)	
Date 06/21/2024 Principal occupa Medic Date	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick	Employer (See Instructions)	Amount of Contribution (\$)	
Date 06/21/2024 Principal occupa Medic Date	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	
Date 06/21/2024 Principal occupa Medic Date 06/07/2024	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Date 06/21/2024 Principal occupa Medic Date 06/07/2024	Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 118/135 Rpt: 121/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	Date     5     Full name of contributor     Image: out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/21/2024			\$3.00
1	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 (\$)
06/07/2024	Tait, Grant		\$1.00
	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 (\$)
06/21/2024	Tait, Grant		\$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 (\$)
06/07/2024	Tarrillion, Matthew		\$5.00
	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 (\$)
06/21/2024	Tarrillion, Matthew		\$5.00
	Contributor address; City; State; Zip Code		
l	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)	i)
Medic		City of Austin	
		·	

6       Contributor address; City: State; Zip Code         Austin, TX 78721       9       Employer (See Instructions)         7       Full name of contributor				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution       out-of-state PAC (Det	The Instrue	ction Guide explains how to complete this f	form.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributin	2 FILER NAME			
06/07/2024       Tekamp, Austin       \$3.0         6       Contributor address; City; State: Zip Code       Austin, TX 78721         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         06/21/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/21/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/07/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/07/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/07/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/07/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/07/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/21/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/21/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (S)         06/21/2024       Full name of contributor       out-of-state PAC (Dor.       City of Austin				
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions)         Date       Full name of contributor in out of state PAC (ID#: Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor in out of state PAC (ID#: City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         06/21/2024       Full name of contributor in out-of-state PAC (ID#: City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         06/07/2024       Full name of contributor in out-of-state PAC (ID#: City of Austin       Amount of Contribution (\$)         06/07/2024       Full name of contributor in out-of-state PAC (ID#: City of Austin       Amount of Contribution (\$)         06/07/2024       Full name of contributor in out-of-state PAC (ID#: City of Austin       Amount of Contribution (\$)         06/07/2024       Full name of contributor in out-of-state PAC (ID#: City of Austin       Amount of Contribution (\$)         06/07/2024       Full name of contributor in out-of-state PAC (ID#: City of Austin       Amount of Contribution (\$)         06/07/2024       Full name of contributor in out-of-state PAC (ID#: City of Austin	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       ox-of-state PAC (ID#)       Amount of Contribution (\$)         06/21/2024       Full name of contributor       ox-of-state PAC (ID#)       Amount of Contribution (\$)         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 (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#)       City of Austin         06/21/2024       Full name of contributor       out-of-state PAC (ID#)       City of Austin         06/21/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         06/21/2024	06/07/2024			\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/21/2024       Full name of contributor       out-of-state PAC (D#				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/21/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Date 06/21/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.0         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Medic       Thomas, Jonathan Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.0         Medic       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Oaf(21/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Medic       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Oaf(city 21/2024       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 06/21/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Date 06/21/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.0         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Medic       Thomas, Jonathan Contributor address; City, State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.0         Medic       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Oaf(21/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Medic       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$3.0         Oaf(city       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) \$2				
Medic       City of Austin         Date 06/21/2024       Full name of contributor       out-of-state PAC (ID# Tekamp, Austin       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID# Thomas, Jonathan       Amount of Contribution (\$)         Obj(07/2024       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 (\$)         Date 06/21/2024       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 (\$)         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID# Austin, TX 78721       Amount of Contribution (\$)         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID# Austin, TX 78721       Amount of Contribution (\$)         Date 06/07/2024       Full name of contributor       out-of-state PAC	Drincipal occu		Employer (See Instructions)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Tekamp, Austin       \$3.0         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)         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 (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         0ate       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contribu				•)
06/21/2024       Tekamp, Austin       \$3.0         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		Evil name of contributor		Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job tilie (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (D#:) Austin, TX 78721       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job tilie (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.0         Date       Full name of contributor out-of-state PAC (D#:) Austin, TX 78721       Amount of Contribution (\$) \$3.0         Date       Full name of contributor out-of-state PAC (D#:) Thomas, Jonathan       Amount of Contribution (\$) \$3.0         O6/21/2024       Full name of contributor out-of-state PAC (D#:) Austin, TX 78721       Amount of Contribution (\$) \$3.0         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$2.0         Oate       Full name of contributor out-of-state PAC (D#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$2.0         Of/07/2024       Full name of contributor			)	
Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.0         Date 06/07/2024       Full name of contributor	00/21/2024			φο.ου
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#		Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#				
Medic       City of Austin         Date       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 (\$)         06/07/2024       Thomas, Jonathan       \$3.0         Contributor address; City; State; Zip Code       S3.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.0         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 (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         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 (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
06/07/2024       Thomas, Jonathan       S3.0         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#	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#:)         Austin, TX 78721         Date       Full name of contributor         06/21/2024       Thomas, Jonathan         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         S3.0         Contributor I 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       Full name of contributor	06/07/2024			\$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#:)         06/21/2024       Thomas, Jonathan       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#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Thomas, Patrick       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.0				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         06/21/2024       Thomas, Jonathan       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#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Thomas, Patrick       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.0				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         06/21/2024       Thomas, Jonathan       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#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)       \$2.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Principal occupation / Job title (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 (\$)         06/21/2024       Thomas, Jonathan       \$3.0         Contributor address; City; State; Zip Code       Austin, TX 78721       \$3.0         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       \$3.0         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 (\$)         06/07/2024       Thomas, Patrick       Amount of Contribution (\$)       \$2.0         Ofon/7/2024       Austin, TX 78721       Amount of Contribution (\$)       \$2.0         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       \$2.0         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       \$2.0         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       \$2.0         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       \$2.0	Dringingl oppu			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Thomas, Jonathan       \$3.0         Contributor address; City; State; Zip Code       \$3.0         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O6/07/2024       Full name of contributor       out-of-state PAC (ID#:)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)	-	pation / Job title (See instructions)		;)
06/21/2024 Thomas, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721  Principal occution / Job title (See Instructions) Medic Date Date Full name of contributor O6/07/2024 Thomas, Patrick Contributor address; City; State; Zip Code Austin, TX 78721  Principal occution / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2.0 Principal occution / Job title (See Instructions) Employer (See Instructions)				
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#:)         O6/07/2024         Thomas, Patrick         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)         Employer (See Instructions)			)	
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#:)         06/07/2024       Thomas, Patrick       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)	0012112024			ψ5.00
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 (\$)         06/07/2024       Thomas, Patrick       \$2.0         Contributor address; City; State; Zip Code       Austin, TX 78721         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#:)       Amount of Contribution (\$)         06/07/2024       Thomas, Patrick       \$2.0         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 (\$)         06/07/2024       Thomas, Patrick       \$2.0         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$2.0         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Thomas, Patrick       \$2.0         Contributor address; City; State; Zip Code       \$2.0         Austin, TX 78721       Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
06/07/2024       Thomas, Patrick       \$2.0         Contributor address; City; State; Zip Code       \$2.0         Austin, TX 78721       \$2.0         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)         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)	06/07/2024	Thomas, Patrick		\$2.00
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)				
	Duin single age			<u> </u>
I City of Austin	Principal occu Medic	pation / Job title (See instructions)	City of Austin	;)

The Instruc	tion Guide explains how to complete this f	jorm.	1 Total pages Schedule A1: Sch: 120/135 Rpt: 123/140	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee P		00053202	,
Date	5 Full name of contributor out-of-state PAC (ID#:_	7	7 Amount of Contribution (\$)	
06/21/2024				\$2.00
1	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	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 (\$)	
06/07/2024	Thompson, Garner			\$1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Bringinal occur	ation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
			Amount of Contribution (ft)	
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$1.00
				ΦL.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
r				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:	)		\$3.00
				\$3.00
	Thornton, Nichole			\$3.00
	Thornton, Nichole			\$3.00
	Thornton, Nichole			\$3.00
06/07/2024 Principal occup	Thornton, Nichole Contributor address; City; State; Zip Code	Employer (See Instructions)		\$3.00
06/07/2024 .	Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721			\$3.00
06/07/2024 Principal occup	Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
06/07/2024 Principal occup Medic	Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions)	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
06/07/2024 Principal occup Medic Date	Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
06/07/2024 Principal occup Medic Date	Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
06/07/2024 Principal occup Medic Date	Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
06/07/2024 Principal occup Medic Date 06/21/2024	Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
06/07/2024 Principal occup Medic Date 06/21/2024	Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	

The Instant			
The Instru	ction Guide explains how to complete this f	orm.	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		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) 7	7 Amount of Contribution (\$)
06/07/2024			\$2.
	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 (\$)
06/21/2024	Thornton, Sarah		\$2.0
	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 (\$)
06/07/2024	Todd, Joshua		\$10.0
	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 (\$)
06/21/2024	Todd, Joshua		\$10.
	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 (\$)
	Toole, Garrett		\$3.
06/07/2024	Contributor address; City; State; Zip Code		
06/07/2024		1	
06/07/2024			
06/07/2024			
06/07/2024	Austin, TX 78721		
		Employer (See Instructions) City of Austin	
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 122/135 Rpt: 125/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	4C	00053202
4 Date	e <b>5</b> Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/21/2024	Toole, Garrett		\$3.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / 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 (\$)
06/07/2024	Toole, Kaytlyn		\$3.
1	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 (\$)
06/21/2024	Toole, Kaytlyn		\$3.
	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 (\$)
06/07/2024	Torres, Gil		\$5.
	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 (\$)
06/21/2024	Torres, Gil		\$5.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	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: 123/135 Rpt: 126/140
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 (\$)
06/07/2024			\$1.00
1	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 (\$)
06/21/2024	Torrez, Ernest		\$1.00
	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 (\$)
06/07/2024	Tran, Si		\$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 (\$)
06/21/2024	Tran, Si		\$3.00
	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 (\$)
06/07/2024	Traxel, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	-	
-	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instrue	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 124/135 Rpt: 127/140
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 (\$)
06/21/2024			\$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 (\$)
06/07/2024	Trojanowski, Mark		\$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 (\$)
06/21/2024	Trojanowski, Mark		\$3.00
	Contributor address; City; State; Zip Code		
	Augustin TV 70701		
Dringing oppu	Austin, TX 78721		Ļ
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 (\$)
06/07/2024	Van Treese, Taylor		\$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 (\$)
06/21/2024	Full name of contributor out-of-state PAC (ID#: Van Treese, Taylor	,	\$3.00
0012112027	Contributor address; City; State; Zip Code		\$0.00
	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: 125/135 Rpt: 128/140
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 (\$)
06/07/2024	VanZandt, Donovan		\$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	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2024	VanZandt, Donovan		\$5.00
	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 (\$)
06/07/2024	Vargas, Eric	/	\$3.00
	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 (\$)
06/21/2024	Vargas, Eric		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Veasna, Renayuddh	/	\$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>
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Austin Travis County Emergency Medical Services Employee PAC     00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution       out-of-state PAC (DM)       7 Amount of Contribution (\$)         6 Contribution address; City; State; Zip Code       7 Amount of Contribution (\$)       \$3.00         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)	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       out-of-state PAC (DM)       7 Amount of Contribution (\$)         6 Contribution address; City; State; Zip Code       7 Amount of Contribution (\$)       \$3.00         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (DM)	2 FILER NAME		·	
06/21/2024       Veasna, Renayuddh       \$3.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (DB:			AC	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions)         Date       Oel/07/2024         Villalobos, Ana       Contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (Dot;         Date       Oel/07/2024         Villalobos, Ana       Contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       S3.00         O6/21/2024       Full name of contributor       out-of-state PAC (Dot;       Amount of Contribution (\$)         Ofic       Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       S3.00         O6/07/2024       Full name of contributor       out-of-state PAC (Dot;       Amount of Contribution (\$)       S3.00         O6/07/2024       Full name of contributor       out-of-state PAC (Dot;       Amount of Contribution (\$)       S3.00 <t< td=""><td>4 Date</td><td>5 Full name of contributor out-of-state PAC (ID#:</td><td>)</td><td>7 Amount of Contribution (\$)</td></t<>	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 (IDE:	06/21/2024			\$3.00
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9       Frincipal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (Der				
9       Frincipal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (Der		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         06/07/2024       Villalobos, Ana       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         06/21/2024       Villalobos, Ana       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-stat	8 Principal occu	Jupation / Job title (See Instructions)	9 Employer (See Instructions	5)
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Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         06/21/2024         Villalobos, Ana         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)         City of Austin         Date         06/07/2024         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       Out-of-state PAC (ID#:	06/07/2024			
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Austin, TX 78721		
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06/21/2024       Villalobos, Ana       \$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#;)         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)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor out-of-state PAC (ID#;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Gof/21/2024       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)         Medic         Date         Full name of contributor         o6/07/2024         Voelker, Jaime         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         O6/07/2024         Voelker, Jaime         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         O6/21/2024         Voelker, Jaime         Contributor address; City; State; Zip Code         City of Austin         Date         O6/21/2024         Voelker, Jaime         Contributor address; City; State; Zip Code         Austin, TX 78721         Amount of Contribution (\$)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions) <td>Date</td> <td>Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>Amount of Contribution (\$)</td>	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Voelker, Jaime       \$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#:)         06/21/2024       Voelker, Jaime       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00	D incided and			
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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#:)         06/21/2024       Voelker, Jaime         Contributor address; City; State; Zip Code       \$3.00         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#:)         06/21/2024       Voelker, Jaime         Contributor address; City; State; Zip Code       \$3.00         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 (\$)         06/21/2024       Voelker, Jaime       \$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)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       Voelker, Jaime       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
06/21/2024       Voelker, Jaime       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         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)         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)	06/21/2024	Voelker, Jaime		\$3.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		1
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Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Medic City of Austin		ipation / Job title (See Instructions)		5)
	Medic		City of Austin	

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1: Sch: 127/135 Rpt: 130/         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Filer ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Sther ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Sther ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Sther ID (Ethics Commission)         Image: Schedule A1: Sch: 127/135 Rpt: 130/       3 Sther ID (Ethics Commission)         Image: Schedule A1: Sched	
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 (\$ Wadham, Gary         06/07/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$ Contributor (\$ Contribut	sion 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 (\$ Wadham, Gary         6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$ Contributor (\$ Contr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
06/07/2024 Wadham, Gary 6 Contributor address; City; State; Zip Code	
6 Contributor address; City; State; Zip Code	
6 Contributor address; City; State; Zip Code	\$5.00
Austin, TX 78721	
Austin, TX 78721	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Observation       0 Employer (See Instructions)	
Medic City of Austin	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$	
06/21/2024 Wadham, Gary	\$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 (\$)	
06/07/2024 Ward, Christopher	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
	\$2.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$	φ2.00
06/21/2024 Ward, Christopher	
06/21/2024 Ward, Christopher Contributor address; City; State; Zip Code	
06/21/2024 Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	
06/21/2024     Ward, Christopher       Contributor address; City; State; Zip Code       Austin, TX 78721       Principal occupation / Job title (See Instructions)       Medic   Employer (See Instructions) City of Austin	
06/21/2024       Ward, Christopher         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#:)         Amount of Contribution (\$	
06/21/2024       Ward, Christopher         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Od/07/2024         Watanabe-O'Toole, Nicholas	\$3.00
06/21/2024       Ward, Christopher         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#:)         Amount of Contribution (\$	
06/21/2024       Ward, Christopher         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Od/07/2024         Watanabe-O'Toole, Nicholas	
06/21/2024       Ward, Christopher         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Od/07/2024         Watanabe-O'Toole, Nicholas	
06/21/2024       Ward, Christopher         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         06/07/2024         Watanabe-O'Toole, Nicholas         Contributor address; City; State; Zip Code	

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 (\$)	
06/21/2024	Watanabe-O'Toole, Nicholas		\$3	.00
	6 Contributor address; City; State; Zip Code			
C. Dissisal eeu	Austin, TX 78721		\	
8 Principal occup Medic	pation / 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 (\$)	
06/07/2024	Weber, Wyatt		\$3	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	c)	
Medic		City of Austin	3)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/21/2024	Weber, Wyatt		\$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		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2024	Weil, Skyler			.00
	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Could			
	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 (\$)	~~
06/21/2024	Weil, Skyler		 აპ	.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		
				. ,

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 129/135 Rpt: 132/140
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	te <b>5</b> Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/07/2024	Weldon, Tyler		\$2.50
	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 (\$)
06/21/2024	Weldon, Tyler		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	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 (\$)
06/07/2024	Welkley, Justin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date		)	Amount of Contribution (\$)
06/21/2024	Welkley, Justin		\$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#:	<u> </u> )	Amount of Contribution (\$)
06/07/2024	Wesen, Hunter		\$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	
		1	

The Instruction Guide explains how to complete this form.			<ul> <li>Total pages Schedule A1:</li> <li>Sch: 130/135 Rpt: 133/140</li> </ul>
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#:_	)	7 Amount of Contribution (\$)
06/21/2024	Wesen, Hunter		\$3.
6	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occupa	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 (\$)
06/07/2024	Westby, Andrew		\$2
	Contributor address; City; State; Zip Code		
	-		
	Austin, TX 78721		
Principal occupa	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 (\$)
06/21/2024	Westby, Andrew		\$2
	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 (\$)
Date 06/07/2024	Wetzel, Samuel		Amount of Contribution (\$) \$3.
	Wetzel, Samuel		
	Wetzel, Samuel Contributor address; City; State; Zip Code		
06/07/2024	Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721		
06/07/2024 Principal occupa	Wetzel, Samuel Contributor address; City; State; Zip Code	Employer (See Instructions)	
06/07/2024	Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721		
06/07/2024 Principal occupa Medic Date	Wetzel, Samuel         Contributor address; City; State; Zip Code         Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:	Employer (See Instructions)	\$3. Amount of Contribution (\$)
06/07/2024 Principal occupa Medic	Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions)	Employer (See Instructions)	\$3.
06/07/2024 Principal occupa Medic Date	Wetzel, Samuel         Contributor address; City; State; Zip Code         Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:	Employer (See Instructions)	\$3. Amount of Contribution (\$)
06/07/2024 Principal occupa Medic Date	Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel	Employer (See Instructions)	\$3. Amount of Contribution (\$)
06/07/2024 Principal occupa Medic Date	Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel Contributor address; City; State; Zip Code	Employer (See Instructions)	\$3. Amount of Contribution (\$)
06/07/2024 Principal occupa Medic Date 06/21/2024	Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	\$3. Amount of Contribution (\$)
06/07/2024 Principal occupa Medic Date 06/21/2024	Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel Contributor address; City; State; Zip Code	Employer (See Instructions)	\$3. Amount of Contribution (\$)

<ul> <li>             Contributor address; City; State; Zip Code</li></ul>				
2       Filter NAME       3       Filter ID       (Ethics Commission Filers)         4       Date       00/07/2024       S       Full name of contribution       0u-of-state PAC (ID::::::::::::::::::::::::::::::::::::	The Instruction Guide explains how to complete this form.			
Austin Travis County Emergency Medical Services Employee PAC       000053202         4 Date 06/07/2024       5 Full name of contributor (Contributor address: City: State: Zip Code Austin, TX 78721       7 Amount of Contribution (\$) 33.0         8 Principal occupation / Job Itile (See Instructions) Medic       9 Employer (See Instructions) City of Austin       Amount of Contribution (\$) 33.0         06/21/2024       Full name of contributor Austin, TX 78721       Amount of Contribution (\$) City of Austin       \$3.0         06/21/2024       Full name of contributor Austin, TX 78721       Amount of Contribution (\$) City of Austin       \$3.0         Principal occupation / Job Itile (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S1.0         Date 06/07/2024       Full name of contributor Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S1.0         Date 06/07/2024       Full name of contributor Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S1.0         Principal occupation / Job Itile (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S1.0         Date 06/07/2024       Full name of contributor White, Stephen       Contributor address; City; State; Zip Code Austin, TX 78721       Amount of Contribution (\$) S1.0         Principal occupation / Job Itite (See Instructions) Medic       Employer (See	2 FILER NAME			
06/07/2024       White, Anna       \$3.0         6       Contributor address; City; State; Zip Code       Austin, TX 78721         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         06/21/2024       Full name of contributor       out-ot-state PAC (Dot:				
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions)         Date       Full name of contributor out-of-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       Principal occupation / Job title (See Instructions)         Date       Full name of contributor       out-ot-state PAC (ID::::::::::::::::::::::::::::::::::::	06/07/2024			\$3.00
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 06/21/2024       Full name of contributor       out-of-state PAC (IbH Contributor address; City; State; Zip Code       Amount of Contribution (S)         Obj(21/2024       Full name of contributor       out-of-state PAC (IbH Contributor address; City; State; Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)         Date 06/07/2024       Full name of contributor       out-of-state PAC (IbH Contributor address; City; State; Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$1.0         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$1.0         Obj(21/2024       Full name of contributor       out-of-state PAC (IbH Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$1.0         Obj(07/2024       Full name of contributor       out-of-state PAC (IbH Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$1.0         Obj(07/2024       Full name of contributor       out-of-state PAC (IbH Contributor address; City; State; Zip Code       Amount of Contribution				
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID:::				
Date       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/21/2024       White, Anna       \$3.0         Contributor address; City; State; Zip Code       Austin, TX 78721       S3.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/21/2024       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (Ubit)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state	•	pation / Job title (See Instructions)		)
06/21/2024       White, Anna       S3.0         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 (D#)         O6/07/2024       Full name of contributor out-of-state PAC (D#)         Amount of Contribution (\$)       S1.0         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor out-of-state PAC (D#	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor out-of-state PAC (ID#) Austin, TX 78721       Amount of Contribution (\$) \$1.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$1.0         Date 06/07/2024       Full name of contributor out-of-state PAC (ID#) Medic       Amount of Contribution (\$) S1.0         Date 06/21/2024       Full name of contributor out-of-state PAC (ID#) Medic       Amount of Contribution (\$) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S1.0         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S1.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S1.0         Date 06/07/2024       Full name of contributor out-of-state PAC (ID#) Medic       Amount of Contribution (\$) S1.0         Date 06/07/2024       Full name of contributor       Amount of Contribution (\$) S1.0         Odif(T)/2024       Full name of contributor       Amount of Contribution (\$) S1.0			)	
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#:	06/21/2024			\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       White, Stephen       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.0         Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)         Date 06/21/2024       Full name of contributor       out-of-state PAC (ID#:) 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 06/07/2024       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         0ate 06/07/2024       Full name of contributor       out-of-state PAC (ID				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Mite, Stephen       \$1.0         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$1.0         Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Medic       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 (\$)         06/21/2024       White, Stephen       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 (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City, State; Zip Code       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City, State; Zip Code       Amount of Contribution (\$)				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 06/07/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Mite, Stephen       \$1.0         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$1.0         Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Medic       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 (\$)         06/21/2024       White, Stephen       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 (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City, State; Zip Code       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City, State; Zip Code       Amount of Contribution (\$)		Austin TV 70701		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.0         06/07/2024       White, Stephen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin       Amount of Contribution (\$)       \$1.0         Date       Full name of contributor       out-of-state PAC (ID#:	Drincinal occu		Employer (See Instructions)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       White, Stephen       S1.0         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#:)         06/21/2024       Full name of contributor       out-of-state PAC (ID#:)         Of/21/2024       Full name of contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.0         O6/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         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 (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.0         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)				)
06/07/2024       White, Stephen       S1.0         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#:)         Austin, TX 78721       Amount of Contribution (\$)         Date       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       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor out-of-state PAC (ID#:         Ob/07/2024       Full name of contributor out-of-state PAC (ID#:         Ob/07/2024       Full name of contributor out-of-state PAC (ID#:         Ob/07/2024       Full name of contributor				
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         06/21/2024         White, Stephen         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)         Medic         Date         Principal occupation / Job title (See Instructions)         Medic         Date         Of/07/2024         Wiggin, Stuart         Contributor address; City; State; Zip Code         Medic         Date         Full name of contributor       out-of-state PAC (ID#:         Of/07/2024       Wiggin, Stuart         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employe			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor	06/0772024	·····		\$1.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         06/21/2024       White, Stephen       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#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Viggin, Stuart       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1.0         Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		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#:)         06/21/2024       White, Stephen       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#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         06/07/2024       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       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       White, Stephen       \$1.0         Contributor address; City; State; Zip Code       Austin, TX 78721       \$1.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.0         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.0         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1.0         06/07/2024       Wiggin, Stuart       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contributor       \$1.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contributor       \$1.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contributor       \$1.0		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2024       White, Stephen       \$1.0         Contributor address; City; State; Zip Code       \$1.0         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#:)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Full name of contributor       out-of-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)	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	2)
06/21/2024       White, Stephen       \$1.0         Contributor address; City; State; Zip Code       \$1.0         Austin, TX 78721       Employer (See Instructions)         Medic       Employer (See Instructions)         Medic       Full name of contributor	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#:)         O6/07/2024         Wiggin, Stuart         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Amount of Contribution (\$)         S1.0         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (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       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         06/07/2024       Wiggin, Stuart         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Anstin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	06/21/2024			\$1.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         06/07/2024       Wiggin, Stuart         Contributor address; City; State; Zip Code       \$1.0         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#:)         06/07/2024       Wiggin, Stuart         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)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         06/07/2024       Wiggin, Stuart         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 Contribution (\$)         06/07/2024       Wiggin, Stuart       \$1.0         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       Fincipal occupation / Job title (See Instructions)       Employer (See Instructions)				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2024       Wiggin, Stuart       \$1.0         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job title (See Instructions)		)
06/07/2024       Wiggin, Stuart       \$1.0         Contributor address; City; State; Zip Code       \$1.0         Austin, TX 78721       Employer (See Instructions)	Medic		<u> </u>	
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)	06/07/2024	66		\$1.00
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)		Auctin TV 70721		
	Drincinal occu		Employer (See Instructions)	
Medic City of Austin	Medic		City of Austin	)
	Wicuic			

l			
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)
	s County Emergency Medical Services Employee PA	00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/21/2024	Wiggin, Stuart		\$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	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2024	Wilkinson, David		\$3.00
			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 (\$)
06/21/2024	Wilkinson, David		\$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 (\$)
06/07/2024	,		\$5.00
	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 (\$)
06/21/2024	Williams, Dennis		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	upation / 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: 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 (\$)		
06/07/2024	Winters, John		\$3.00		
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78721				
8 Principal occ	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 (\$)		
06/21/2024			\$3.00		
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78721	T	<u> </u>		
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Medic	·	City of Austin	<u>.</u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
06/07/2024			\$3.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occ	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 (\$)		
06/21/2024		,	\$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 (\$)		
06/07/2024	Wyche, Tyson		\$3.00		
	Contributor address; City; State; Zip Code		]		
	Auction TV 70701				
Dringing ood	Austin, TX 78721	Employer (Cool Instructions			
Principal occi Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)		
Medic					

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 (\$)	
06/21/2024	Wyche, Tyson		\$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	δ)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2024	Xie, Selena		\$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 (\$)	
06/21/2024	Xie, Selena		\$3.00	
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721	1		
-	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Medic		City of Austin		
Date		)	Amount of Contribution (\$)	
06/07/2024	Yankiver, Lizabeth		\$5.00	
	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 (\$)	
06/21/2024			\$5.00	
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Medic		City of Austin		
		-		

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	The Instru	ction Guide explains how to comple	ete this fo	rm.	1	Total pages Schedule A1: Sch: 135/135 Rpt: 138/140	
2	FILER NAME				3	Filer ID (Ethics Commission F	ilers)
	Austin Travis County Emergency Medical Services Employee PAC			ľ	00053202		
4	Date	5 Full name of contributor out-of-state	e PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/07/2024	Yarbrough, James					\$4.00
		6 Contributor address; City; State; Zip Code			1		
		Austin, TX 78721					
8	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
Ľ	Medic			City of Austin	<i>''</i>		
	Date	Full name of contributor 🔲 out-of-state	e PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2024	Yarbrough, James					\$4.00
		Contributor address; City; State; Zip Code			1		
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Medic			City of Austin			
F	Date	Full name of contributor out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	
	06/07/2024	Yasui, Benjamin		······································			\$1.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> چ)		
	Medic			City of Austin			
⊨	Date	Full name of contributor	e PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2024	Yasui, Benjamin		)			\$1.00
		-					+1.00
		Austin, TX 78721					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	······································		City of Austin	,		
⊢							
1							
1							
1							

LOANS					SCHEDUI	EE
I The Instruction Guide explains how to complete this form				-	pages Schedule E: 1/1 Rpt: 139/140	
2 FILER NAME Austin Travis Co	ounty Emergency Medica	Services Employee P	AC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202	
<sup>4</sup> TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	.C (ID#:	)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		<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	17 Name of guarantor				19 Amount Guarante	ed (\$)
not applicable	<b>18</b> Guarantor address;	City; State;	Zip Code			
20 Principal occupation	D D N		21 Employer (See Instructions	6)	1	

## 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		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
Sch: 1/1 Rpt: 140/140	Austin Travis County Emergency Medical Services	00053202		
4 Date	5 Payee name			
06/07/2024	City of Austin			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$33.80	15 Waller St			
Expenditure from corporate funds	Austin, TX 78702			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
06/21/2024	City of Austin			
Amount (\$)	Payee address; City; State; Zip Code			
\$33.60	15 Waller St			
Expenditure from corporate funds	Austin, TX 78702			
PURPOSE OF EXPENDITURE		butside of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		