

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

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00053202	2 Total pages filed: 141
3 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 5817 Wilcab Road Ste 3 Austin, TX 78721		Date Received ELECTRONICALLY FILED 08/01/2024	
		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms. Selena NICKNAME LAST SUFFIX Xie		Receipt # Amount	
		Date Processed	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4710 Heflin Ln. Austin, TX 78721		Date Imaged	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4710 Heflin Ln. Austin, TX 78721			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (214) 228-9321			
9 REPORT TYPE <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED Month Day Year 06/26/2024 THROUGH Month Day Year 07/25/2024			

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC	13 Filer ID (Ethics Commission Filers) 00053202
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Vanessa Fuentes City Council
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,990.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 967.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 91,520.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Selena Xie

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 141

12 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC		13 Filer ID (Ethics Commission Filers) 00053202
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported mackenzie Kelly City Council 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.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC	18 Filer ID (Ethics Commission Filers) 00053202
--	---

19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,990.62
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/>	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 967.10
11. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/135 Rpt: 5/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, William	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, William	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/135 Rpt: 6/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/135 Rpt: 7/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/135 Rpt: 8/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/135 Rpt: 9/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/135 Rpt: 10/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/135 Rpt: 11/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew	7 Amount of Contribution (\$) \$2.50
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/135 Rpt: 12/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/135 Rpt: 13/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/135 Rpt: 14/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/135 Rpt: 15/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/135 Rpt: 16/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/135 Rpt: 17/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bess, Luke <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bess, Luke <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/135 Rpt: 18/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/135 Rpt: 19/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/135 Rpt: 20/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/135 Rpt: 21/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/135 Rpt: 22/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/135 Rpt: 23/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/135 Rpt: 24/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/135 Rpt: 25/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciampaglio, Anthony	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciampaglio, Anthony	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/135 Rpt: 26/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/135 Rpt: 27/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/135 Rpt: 28/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/135 Rpt: 29/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/135 Rpt: 30/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/135 Rpt: 31/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/135 Rpt: 32/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/135 Rpt: 33/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/135 Rpt: 34/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dockery, Victoria <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.70
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dockery, Victoria <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.70
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/135 Rpt: 35/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/135 Rpt: 36/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/135 Rpt: 37/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/135 Rpt: 38/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/135 Rpt: 39/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.30
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/135 Rpt: 40/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/135 Rpt: 41/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/135 Rpt: 42/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/135 Rpt: 43/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/135 Rpt: 44/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Timothy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/135 Rpt: 45/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/135 Rpt: 46/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez-Rivera, Alexander Brooks <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez-Rivera, Alexander Brooks <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/135 Rpt: 47/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/135 Rpt: 48/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/135 Rpt: 49/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grijalva, Corey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grijalva, Corey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadas, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadas, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/135 Rpt: 50/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/135 Rpt: 51/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/135 Rpt: 52/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/135 Rpt: 53/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hay, Keli <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hay, Keli <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellein, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/135 Rpt: 54/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellein, Jacob <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/135 Rpt: 55/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/135 Rpt: 56/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Travis	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Travis	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/135 Rpt: 57/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/135 Rpt: 58/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/135 Rpt: 59/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/135 Rpt: 60/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Noah	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/135 Rpt: 61/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junod, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junod, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.40
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/135 Rpt: 62/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.40
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/135 Rpt: 63/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keef, Sean <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keef, Sean <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Nolan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Nolan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/135 Rpt: 64/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Dillon	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Dillon	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/135 Rpt: 65/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/135 Rpt: 66/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Steven	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Steven	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kownacki, Benjamin	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kownacki, Benjamin	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/135 Rpt: 67/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krampitz, Casey	Amount of Contribution (\$) \$1.30
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krampitz, Casey	Amount of Contribution (\$) \$1.30
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Stephen	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/135 Rpt: 68/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Stephen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtze, Benedict <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtze, Benedict <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/135 Rpt: 69/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoureux, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoureux, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/135 Rpt: 70/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/135 Rpt: 71/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Christopher	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Christopher	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Andrew	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Andrew	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidster, Matthew	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/135 Rpt: 72/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidster, Matthew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/135 Rpt: 73/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cindy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cindy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/135 Rpt: 74/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ramon	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano Avila, Victor	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano Avila, Victor	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/135 Rpt: 75/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Brian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallon, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/135 Rpt: 76/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallon, Paul	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jordan	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jordan	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancia Covarrubias, Adonay	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancia Covarrubias, Adonay	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/135 Rpt: 77/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancias, Vivian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancias, Vivian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/135 Rpt: 78/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/135 Rpt: 79/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan	7 Amount of Contribution (\$) \$4.50
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan	Amount of Contribution (\$) \$4.50
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan	Amount of Contribution (\$) \$1.27
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/135 Rpt: 80/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.27
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayian, Jimma <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/135 Rpt: 81/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael	7 Amount of Contribution (\$) \$9.50
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/135 Rpt: 82/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mead, Catrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/135 Rpt: 83/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/135 Rpt: 84/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/135 Rpt: 85/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/135 Rpt: 86/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/135 Rpt: 87/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Rebecca	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Rebecca	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Brian	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/135 Rpt: 88/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Brian	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michelle	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michelle	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Megan	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Megan	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/135 Rpt: 89/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negron, Luis	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negron, Luis	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christopher	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/135 Rpt: 90/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noak, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noak, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/135 Rpt: 91/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nofle, Rachel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nudelman, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nudelman, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/135 Rpt: 92/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/135 Rpt: 93/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Valeria <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Valeria <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pailes, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pailes, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/135 Rpt: 94/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Jacob <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Roger <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Roger <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Kayla <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Kayla <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/135 Rpt: 95/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Sean <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Sean <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/135 Rpt: 96/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plewacki, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plewacki, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/135 Rpt: 97/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Lauren	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Lauren	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/135 Rpt: 98/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/135 Rpt: 99/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puckett, James	7 Amount of Contribution (\$) \$2.30
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puckett, James	Amount of Contribution (\$) \$2.30
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/135 Rpt: 100/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Alexandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Duane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/135 Rpt: 101/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Duane <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/135 Rpt: 102/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reader, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/135 Rpt: 103/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reader, Robert	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Kevin	Amount of Contribution (\$) \$1.30
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Kevin	Amount of Contribution (\$) \$1.30
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reffell, Kelaiah	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reffell, Kelaiah	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/135 Rpt: 104/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remus, Hannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/135 Rpt: 105/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remus, Hannah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Larry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Larry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/135 Rpt: 106/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Russell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Russell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/135 Rpt: 107/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Nathaniel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/135 Rpt: 108/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Giovanni <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Giovanni <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Lillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/135 Rpt: 109/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Lillian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/135 Rpt: 110/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Jodeci <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Jodeci <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Lindsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/135 Rpt: 111/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Lindsey	7 Amount of Contribution (\$) \$2.50
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmeron, Alejandro	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmeron, Alejandro	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval Ruano, Edward	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval Ruano, Edward	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/135 Rpt: 112/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Sabrina	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Sabrina	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scamman, Alexis	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scamman, Alexis	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schickel, Matthew	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/135 Rpt: 113/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schickel, Matthew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutt, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutt, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/135 Rpt: 114/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Austin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton-Collins, Marcus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/135 Rpt: 115/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton-Collins, Marcus <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/135 Rpt: 116/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slattery, Christian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slattery, Christian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/135 Rpt: 117/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anthony <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/135 Rpt: 118/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Darae <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Darae <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stec, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stec, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/135 Rpt: 119/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Christina <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/135 Rpt: 120/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Richard	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Richard	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/135 Rpt: 121/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tait, Grant <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tait, Grant <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/135 Rpt: 122/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrillion, Matthew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrillion, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/135 Rpt: 123/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jonathan	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patrick	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patrick	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/135 Rpt: 124/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/135 Rpt: 125/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/135 Rpt: 126/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/135 Rpt: 127/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/135 Rpt: 128/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanZandt, Donovan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanZandt, Donovan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/135 Rpt: 129/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/135 Rpt: 130/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/135 Rpt: 131/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watanabe-O'Toole, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watanabe-O'Toole, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/135 Rpt: 132/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Skyler <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welkley, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/135 Rpt: 133/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welkley, Justin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westby, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westby, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/135 Rpt: 134/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, Samuel	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, Samuel	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anna	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anna	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/135 Rpt: 135/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggin, Stuart <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggin, Stuart <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/135 Rpt: 136/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John	Amount of Contribution (\$) \$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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John	Amount of Contribution (\$) \$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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/135 Rpt: 137/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/135 Rpt: 138/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/135 Rpt: 139/141
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 140/141	2 FILER NAME Austin Travis County Emergency Medical Services	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/05/2024	5 Payee name City of Austin	
6 Amount (\$) \$33.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 15 Waller Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name City of Austin	
Amount (\$) \$33.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15 Waller Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Mackenzie Kelly for Austin City Council	
Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10401 Aderson Mill Rd ste 101 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 141/141	2 FILER NAME Austin Travis County Emergency Medical Services	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/15/2024	5 Payee name Vanessa Fuentes for Austin	
6 Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 17221 Austin, TX 78760	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held