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

### FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 141			
3 COMMITTEE NAM	E		OFFICE USE ONLY	
Austin Travis County Emergency Medical Services Employee PAC				
			ELECTRONICALLY FILED	
			08/01/2024	
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
ADDRESS	5817 Wilcab Road Ste 3			
	<sup>ss</sup> Austin, TX 78721		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount	
NAME	Ms. Selena			
			Date Processed	
	NICKNAME LAST	SUFFIX		
	Xie		Date Imaged	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; ST	ATE; ZIP CODE	
TREASURER	4710 Heflin Ln.	,, <u>.</u> , <u>.</u> , <u>.</u> ,		
STREET ADDRESS				
(Residence or Business)	Austin, TX 78721			
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE	
TREASURER MAILING	4710 Heflin Ln.			
ADDRESS				
Change of Addre	<sup>ss</sup> Austin, TX 78721			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(214) 228-9321			
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)	
10 MONTHLY				
REPORT FILING	January 5 Apri	il 5 July 5	October 5	
DEADLINE	February 5 May	7 5 X August 5	November 5	
	March 5 Jun		December 5	
11 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year	
	06/26/2024	07/25/2	2024	
GO TO PAGE 2				
Forms provided by T		thics.state.tx.us	Version V4.1.0.48da51f7	

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin Travis County E	mergency Medical Serv	ices Employee PAC	00053202	2
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Vanessa Fuentes City Counci	I	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,990.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	967.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	91,520.23
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Se	elena Xie	
		Signature of Ca	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		,
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

MONTHLY FI	LING GPAC F	REPORT: PURPOSE		FORM MPAC ADDENDUM Page 3 of 141
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin Travis County Em	ergency Medical Serv	ices Employee PAC	00053202	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported mackenzie Kelly City Council		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

### SUBTOTALS - MPAC

### FORM MPAC COVER SHEET PG 3

4 of 141

17 COMMIT		18 Filer ID	(Ethics Commission Filers)
	avis County Emergency Medical Services Employee PAC	00053202	
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,990.62
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 967.10
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 1/135 Rpt: 5/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Adams, William		\$2.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Adams, William		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	ipation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Adcock, Brandon		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<b>U</b>
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/19/2024	Full name of contributor out-of-state PAC (ID#: Adcock, Brandon	)	\$3.00
0111312024			ψ0.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	L 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Aguilar, Ricardo		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/135 Rpt: 6/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024			\$2.50
	6 Contributor address; City; State; Zip Code		1
Drincipal occu	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions	
8 Principal occu Medic		City of Austin	*)
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Albear, Oscar	)	Amount of Contribution (\$) \$3.00
0110312027			ψυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Albear, Oscar		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	<u> </u>
•	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Allen, Janel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Allen, Janel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

			1 Total pages Schodule A1:
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/135 Rpt: 7/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Almaguer, Luis		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Almaguer, Luis		\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drincinal occu	Austin, TX 78721	Employer (See Instructions	
Medic	upation / Job title (See Instructions)	City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Almodovar, Alejandra		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Almodovar, Alejandra		\$5.00
	Contributor address; City; State; Zip Code		4
1			
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Anderson, Scott		\$1.00
1	Contributor address; City; State; Zip Code		1
L	Austin, TX 78721	1	<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 4/135 Rpt: 8/141	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	s County Emergency Medical Services Employee P	AC		00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/19/2024	Anderson, Scott				\$1.00
		6 Contributor address; City; State; Zip Code		ł		
	ļ					
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		Austin, TX 78721				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>-</u> 3)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/05/2024	Anthon, McKenna				\$3.00
		Contributor address; City; State; Zip Code		1		
	ļ					
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		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/19/2024	Anthon, McKenna				\$3.00
	1	Contributor address; City; State; Zip Code		1		
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		Austin, TX 78721	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin	<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/05/2024	Armas, David				\$3.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Austin, TX 78721				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic		City of Austin	<i>s)</i>		
			-	<del>—</del>	tt -f Constribution (Φ)	
	Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	0111912024	Armas, David				<b>Φ</b> 3.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Austin, TX 78721				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	Medic		City of Austin	''		
-			,			

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/135 Rpt: 9/141	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	s County Emergency Medical Services Employee	PAC		00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID:	)#:)	7	Amount of Contribution (\$)	
	07/05/2024	Armstrong, Charles				\$1.00
	I	6 Contributor address; City; State; Zip Code		·		
	I					
	I	1				
		Austin, TX 78721				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID:	)#:)	Τ	Amount of Contribution (\$)	
	07/19/2024	Armstrong, Charles				\$1.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Austin, TX 78721				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID	)#:)	T	Amount of Contribution (\$)	
	07/05/2024	Arocha-Guerra, Val				\$3.00
	I	Contributor address; City; State; Zip Code	·····	1		
	I	1				
	I	1				
		Austin, TX 78721				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID	и:)		Amount of Contribution (\$)	
	07/19/2024	Arocha-Guerra, Val				\$3.00
	I	Contributor address; City; State; Zip Code	ļ	]		
	I	1				
	I	Austin TV 70701				
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Principal occu Medic	upation / Job title (See Instructions)	City of Austin	5)		
				<del></del>		
	Date	Full name of contributor out-of-state PAC (ID:	#:)		Amount of Contribution (\$)	¢2.00
	07/05/2024	Aubin, Scott				\$3.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Austin, TX 78721				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Medic		City of Austin	5)		
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4						

The Ins	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/135 Rpt: 10/141
2 FILER NA	ME		<b>3</b> Filer ID (Ethics Commission Filers)
	ravis County Emergency Medical Services Employee P	YAC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
07/19/20			\$3.00
	6 Contributor address; City; State; Zip Code		1
2 Dringing	Austin, TX 78721	Contructions	
8 Principal Medic	occupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
07/05/20			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>'</i> ,
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
07/19/20		·/	\$3.00
01120.20			
	Austin, TX 78721		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
07/05/20	24 Avila, America		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	i	
	occupation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/20	24 Avila, America		\$3.00
	Contributor address; City; State; Zip Code		]
	Austin TV 70701		
Dringing	Austin, TX 78721		
Principal Medic	occupation / Job title (See Instructions)	Employer (See Instructions	3)
Ivieuic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/135 Rpt: 11/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Azelton, Andrew		\$2.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	t	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Azelton, Andrew		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>/
			Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Bailey, Charles	)	Amount of Contribution (\$) \$3.00
UTIUJILULH	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	· )	Amount of Contribution (\$)
07/19/2024	Bailey, Charles		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Bailey, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	~

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/135 Rpt: 12/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	Bailey, James		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	pation / Job title (See Instructions)	9 Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Baker, Alexander		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	) )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Baker, Alexander		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Baker, Amanda		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Baker, Amanda		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributor on one-state PAC (IDII:	The Instru	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributor on one-state PAC (IDII:	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
07/05/2024       Baker, Coty       \$5.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-ot-state PAC (IDE:       City of Austin         0	Austin Travis	s County Emergency Medical Services Employee P		
07/05/2024       Baker, Coty       \$\$5.00         6       Contributor address; City; State; Zip Code       Austin, TX 78721         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         0ate       OT/19/2024       Full name of contributor       out-of-state PAC (Der	4 Date	<b>5</b> Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
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Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       Barch-Chandler, Travis         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       Barch-Chandler, Travis         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
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Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Barch-Chandler, Travis       \$3.00         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)				7
07/05/2024       Barch-Chandler, Travis       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Full name of contributor	-	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	011001202.			+
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Continuation address, City, State, Zip Code		
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Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78721		
	Principal occu		Employer (See Instructions	<u> </u> ;)
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The Instruction	n Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/135 Rpt: 14/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	unty Emergency Medical Services Employee PA	٩C	00053202
4 Date 5 F	Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024 E	Barch-Chandler, Travis		\$3.00
6 (	Contributor address; City; State; Zip Code		
	Austin, TX 78721		-
8 Principal occupation Medic	n / Job title (See Instructions)	9 Employer (See Instructions)	<i>;</i> )
		City of Austin	
	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
			\$3.00
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	Austin, TX 78721		
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Medic		City of Austin	<i>י</i>
	Full name of contributor out-of-state PAC (ID#:	,	Amount of Contribution (\$)
	Barnhart, Jennifer	/	\$3.00
	Contributor address; City; State; Zip Code		· · · · ·
	Austin, TX 78721		
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date F	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024 E	Barr, Jaelithe		\$1.00
	Contributor address; City; State; Zip Code		
	Auction TV 70701		
	Austin, TX 78721	Employer (See Instructions	
Medic	n / Job title (See Instructions)	Employer (See Instructions City of Austin	<i>i</i> )
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	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	Barr, Jaelithe		\$1.00
	Contributor address; City; State; Zip Code		
A	Austin, TX 78721		
	n / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic	· · · · ·	City of Austin	, ,

6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         B       Principal occupation / Job title (See Instructions) Medic       9         Date 07/19/2024       Full name of contributor out-of-state PAC (IDE;) Bauhs, Isabel       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Full name of contributor out-of-state PAC (IDE;) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributor	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/135 Rpt: 15/141
4       Date       5       Full name of contributor       out-of-state PAC (IDE:	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
07/05/2024       Bauhs, Isabel	Austin Travis	s County Emergency Medical Services Employee P,	AC	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       Principal occupation / Job title (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#			)	7 Amount of Contribution (\$) \$3.00
Austin, TX 78721       Principal occupation / Job title (See Instructions)       P Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:	0110312024			
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Bauhs, Isabel       S3.         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$3.         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.         O7/05/2024 <td></td> <td></td> <td></td> <td></td>				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Bauhs, Isabel       \$3.         Contributor address; City, State; Zip Code       Contributor address; City, State; Zip Code       \$3.         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor </td <td>8 Principal occu</td> <td>pation / Job title (See Instructions)</td> <td>9 Employer (See Instructions</td> <td>Σ δ)</td>	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	Σ δ)
07/19/2024       Bauhs, Isabel       S3.         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor	Medic		City of Austin	
07/19/2024       Bauhs, Isabel       S3.         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic         Date         07/05/2024         Bean, Rose         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic         Date         O7/19/2024         Bean, Rose         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic         Date         O7/19/2024         Bean, Rose         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) City of Austin         Austin, TX 78721         Principal occupation / Job title (See Instructions) City of Austin         Medic         Date         Q7/05/2024       Full name of contributor         Out-of-state PAC (ID#:			/	\$3.00
Austin, TX 78721       Employer (See Instructions)         Medic       Employer (See Instructions)         Date       Full name of contributor	•••=====			
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributorout-of-state PAC (ID#:) Bean, Rose       Amount of Contribution (\$) S3.         O7/05/2024       Full name of contributor address; City, State; Zip Code       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S3.         Date 07/19/2024       Full name of contributorout-of-state PAC (ID#:) Bean, Rose       Amount of Contribution (\$) S3.         O7/19/2024       Full name of contributorout-of-state PAC (ID#:) Bean, Rose       Amount of Contribution (\$) S3.         O7/19/2024       Full name of contributorout-of-state PAC (ID#:) Bean, Rose       Amount of Contribution (\$) S3.         O7/19/2024       Full name of contributorout-of-state PAC (ID#:) Bean, Rose       Amount of Contribution (\$) S3.         O7/05/2024       Full name of contributorout-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) S10.				
Medic         City of Austin           Date         Full name of contributor         out-of-state PAC (ID#;)         Amount of Contribution (\$)         \$3.           07/05/2024         Bean, Rose         Contributor address; City; State; Zip Code         Amount of Contribution (\$)         \$3.           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         City of Austin           Medic         Full name of contributor         out-of-state PAC (ID#;)         Amount of Contribution (\$)         \$3.           Date         Full name of contributor         out-of-state PAC (ID#;)         Amount of Contribution (\$)         \$3.           07/19/2024         Bean, Rose         Contributor address; City; State; Zip Code         Amount of Contribution (\$)         \$3.           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         \$3.           Medic         Full name of contributor         out-of-state PAC (ID#;	Dringinglaggy			<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Bean, Rose       \$3.         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       State         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$10.         07/05/2024       Full name of contributor       out-of-state PAC (ID#:	-	pation / Job title (See Instructions)		3)
07/05/2024       Bean, Rose       \$3.         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City, State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#;)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City, State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#;)         O7/05/2024       Faver, Camille       Amount of Contribution (\$)         07/05/2024       Fault name of contributor       out-of-state PAC (ID#;)         Austin, TX 78721       Amount of Contribution (\$)       \$10.         Contributor address; City, State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)	Medic			
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Bean, Rose			)	
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Bean, Rose	07/05/2024	Bean, Rose		\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributorout-of-state PAC (ID#:) Bean, Rose Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/19/2024       Bean, Rose Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributorout-of-state PAC (ID#:) Beaver, Camille       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributorout-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Bean, Rose       \$3.         Contributor address; City; State; Zip Code       Austin, TX 78721       \$3.         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$6.         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         O7/05/2024       Beaver, Camille       S10.       \$10.         Contributor address; City; State; Zip Code       Austin, TX 78721       Amount of Contribution (\$)				
07/19/2024       Bean, Rose       \$3.         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occuation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Aesver, Camille       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/05/2024       Beaver, Camille       S10.         Contributor address; City; State; Zip Code       Austin, TX 78721		pation / Job title (See Instructions)		\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         001/05/2024         Beaver, Camille         Contributor address; City; State; Zip Code         Austin, TX 78721	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Beaver, Camille       Amount of Contribution (\$) State; Zip Code         07/05/2024       Beaver, Camille       \$10.         Austin, TX 78721       Austin, TX 78721	07/19/2024	Bean, Rose		\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       Beaver, Camille         Contributor address; City; State; Zip Code       \$10.         Austin, TX 78721       Austin, TX 78721		Contributor address; City; State; Zip Code		
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/05/2024     Beaver, Camille     \$10.       Contributor address; City; State; Zip Code     Austin, TX 78721     Amount of Contribution (\$)				
07/05/2024 Beaver, Camille \$10. Contributor address; City; State; Zip Code Austin, TX 78721		pation / Job title (See Instructions)		\$)
Contributor address; City; State; Zip Code Austin, TX 78721	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/05/2024			\$10.00
		Austin. TX 78721		
	Principal occu		Fmplover (See Instructions	<u></u>
Medic City of Austin				"

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 12/135 Rpt: 16/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Beaver, Camille		\$10.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۵)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Bell, Jory		\$3.00
	Contributor address; City; State; Zip Code		•
Drive in all a say	Austin, TX 78721		Į
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_ Bell, Jory	)	Amount of Contribution (\$) \$3.00
0111312024			ψο.υυ
	Continuation address, Gity, State, Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Bernal, Erica		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Bernal, Erica		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
Medic		City of Austin	
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/135 Rpt: 17/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Bess, Luke		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	~\
Medic		City of Austin	>)
			Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Black, Jessica	)	Amount of Contribution (\$) \$3.00
0110012027	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Black, Jessica		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Blais, Braden		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 14/135 Rpt: 18/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#: Blais, Braden	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Blume, Michael		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Blume, Michael		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Bockewitz, William		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/19/2024	Bockewitz, William		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
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The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 15/135 Rpt: 19/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
0770572024	Braunstein, Spencer		\$10.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Braunstein, Spencer		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Brazelton, Reese		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$) }
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Brazelton, Reese		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Brindley, Jordan Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Medic	•	City of Austin	, ,
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 16/135 Rpt: 20/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#: Brindley, Jordan	)	7 Amount of Contribution (\$) \$3.00
011101202.	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Brunson, Savannah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Brunson, Savannah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 07/05/2024		)	Amount of Contribution (\$) \$1.00
07/05/2024	Bumpus, Ross		φτ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Bumpus, Ross		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	,
		<u> </u>	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 17/135 Rpt: 21/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee P	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Burgoyne, James	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	à)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	: :)	Amount of Contribution (\$)
07/19/2024	Burgoyne, James		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	) !	Amount of Contribution (\$)
07/05/2024	Cabrera, Ryan		\$3.00
	Contributor address; City; State; Zip Code	••••••	4
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Cabrera, Ryan		\$3.00
	Contributor address; City; State; Zip Code		•
l			
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024			\$3.00
	Contributor address; City; State; Zip Code		
l			
	Austin, TX 78721		
Dringing occu		Employer (See Instructions	
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 18/135 Rpt: 22/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024			\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Cantonis, Carl		\$3.00
	Contributor address; City; State; Zip Code		1
D in single age	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
0//19/2024	Cantonis, Carl		φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Carter, Emma		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>۲ــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Carter, Emma		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70721		
Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/135 Rpt: 23/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Cartmill, Andres		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occup Medic	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Cartmill, Andres		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic	,	City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Cavarretta, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Cavarretta, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/05/2024	Cendejas, Jacqueline	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 20/135 Rpt: 24/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	Cendejas, Jacqueline		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Chavez, Erin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	>)
			1 Amount of Constribution (\$)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Chavez, Erin	)	Amount of Contribution (\$) \$3.00
U/113/2024			φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<b>_</b> )	Amount of Contribution (\$)
07/05/2024	Cheeks, Shedrick		\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Cheeks, Shedrick		\$1.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringinal occu	Austin, TX 78721	Employer (See Instructions	A)
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
MEUIC			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/135 Rpt: 25/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Chhabra, Ranjit		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1 <u>-</u>	
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Ciampaglio, Anthony		\$3.00
	Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721	1	
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Ciampaglio, Anthony		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024 Ciminera, Joseph		\$3.00	
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	<i>š</i> )
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 22/135 Rpt: 26/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Ciminera, Joseph		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	•	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Clark, Rajiv		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u>.</u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Clark, Rajiv		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/05/2024	Clark, William		\$1.00
I	Contributor address; City; State; Zip Code		
	Austin, TX 78721	•	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/19/2024			\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
			;)

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

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/135 Rpt: 28/141
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Coleman, James		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	[
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/19/2024	Cooper, Matthew	/	\$3.00
01110,202	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	6)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Cornwall, Angela		\$2.00
	Contributor address; City; State; Zip Code		
	Auctio TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Cornwall, Angela	)	Amount of Contribution (\$) \$2.00
0111012021	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruction Guide explains how to complete this		
	form.	1 Total pages Schedule A1: Sch: 25/135 Rpt: 29/141
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee F		00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of Contribution (\$)
07/05/2024 Costantino, John		\$5.00
6 Contributor address; City; State; Zip Code		
Austin, TX 78721	l	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic	City of Austin	
Date Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
07/19/2024 Costantino, John		\$5.00
Contributor address; City; State; Zip Code		
Austin, TX 78721		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	)
Medic	City of Austin	
Date Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
07/05/2024 Crock, Clairissa		\$3.00
Contributor address; City; State; Zip Code		
Austin, TX 78721	<u> </u>	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	1
Medic	City of Austin	
Date Full name of contributor out-of-state PAC (ID#	)	Amount of Contribution (\$)
07/19/2024 Crock, Clairissa		\$3.00
Contributor address; City; State; Zip Code		
Auctin TV 70721	1	
Austin, TX 78721		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	)
Principal occupation / Job title (See Instructions) Medic	City of Austin	
Principal occupation / Job title (See Instructions) Medic Date Full name of contributor out-of-state PAC (ID#	City of Austin	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Medic	City of Austin	
Principal occupation / Job title (See Instructions) Medic Date Full name of contributor out-of-state PAC (ID# 07/05/2024 Crouch, Jordan	City of Austin	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor         07/05/2024       Crouch, Jordan	City of Austin	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor         07/05/2024       Crouch, Jordan         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor out-of-state PAC (ID#         07/05/2024       Crouch, Jordan         Contributor address; City; State; Zip Code         Austin, TX 78721	City of Austin	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor         07/05/2024       Crouch, Jordan         Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$) \$1.00

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 26/135 Rpt: 30/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024			\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	•	
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	»)
Date	Full name of contributor Out-of-state PAC (ID#:	-	Amount of Contribution (\$)
07/19/2024	Full name of contributor out-of-state PAC (ID#: Crouch, William	)	Amount of Contribution (\$) \$1.00
011101202-			
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/05/2024	Cruz Zarate, Hector		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing and	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Cruz Zarate, Hector	)	Amount of Contribution (\$) \$3.00
0111312024			φ3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 27/135 Rpt: 31/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Cummings, Daniel	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$2.00</li></ul>
-	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Cummings, Daniel		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
07/05/2024	Damron, William		\$3.27
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Damron, William		\$3.27
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	β)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/05/2024	Davis, Kenneth		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
		1	

6       Contributor address: City; State; Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#) Davis, Richard       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Full name of contributor out-of-state PAC (ID#) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (ID#) Amount of Contribution (\$)       \$3         O7/19/2024       Full name of contributor       out-of-state PAC (ID#) City of Austin       Amount of Contribution (\$)       \$3         Medic       Date       Full name of contributor       Amount of Contribution (\$)       \$3         O7/05/2024       Full name of contributor       Amount of Contribution (\$)       \$3         O7/05/2024       Full name of contributor       Amount of Contribution (\$)       \$3         O7/05/2024       Full name of contributor	The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/135 Rpt: 32/141
4       Date       5       Full name of contributor       out-of-state PAC (IDE:	2 FILER NAME			
07/19/2024       Davis, Kenneth       S3         6       Contributor address; City, State; Zip Code       S3         8       Principal occupation / Job title (See Instructions)       S1         Medic       Date       Full name of contributor       out-of-state PAC (IDE;	Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         B       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/05/2024       Davis, Richard       S3         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (IDE:)         07/19/2024       Full name of contributor       out-of-state PAC (IDE:)         07/05/2024       Full name of contributor       out-of-state PAC (IDE:)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$) <tr< td=""><td></td><td></td><td>)</td><td><ul><li>7 Amount of Contribution (\$)</li><li>\$3.0</li></ul></td></tr<>			)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.0</li></ul>
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic       P Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor       out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$) S3         O7/05/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) S3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Davis, Richard         Date 07/19/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S3         Date 07/05/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S3         Date 07/05/2024       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)	0111312024			ψο.υ
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)       \$3         Or/Io5/2024       Full name of contributorDut-of-state PAC (ID#:) Davis, Richard       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3         07/05/2024       Full name of contributor out-of-state PAC (ID#:) DeLong, Jonathan Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3         07/05/2024       Full name of contributors Quit-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) City of Austin       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instru				
Medic         City of Austin           Date         Full name of contributor         out-of-state PAC (D#:)         Amount of Contribution (\$)           07/05/2024         Davis, Richard         \$3           Contributor address; City; State; Zip Code         Employer (See Instructions)         \$3           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Amount of Contribution (\$)           Medic         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)           07/19/2024         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)           07/19/2024         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)           07/19/2024         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)           07/05/2024         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)           07/05/2024         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)           07/05/2024         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)           07/05/2024         DeLong, Jonathan         Contributor address; City; St	8 Principal occu		9 Employer (See Instructions	s)
07/05/2024       Davis, Richard       \$3         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				·/
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:)         Date       Full name of contributor         07/05/2024       Full name of contributor         07/05/2024       Full name of contributor         Out-of-state PAC (ID#:)       Amount of Contribution (\$)         S3       Contributor address; City, State; Zip Code         Austin, TX 78721       Amount of Contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City, State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Medic       Contributor address; City of Austin <td< td=""><td></td><td></td><td>)</td><td></td></td<>			)	
Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City, State; Zip Code       Amount of Contributor address; City, State; Zip Code         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) DeLong, Jonathan         O7/05/2024       Full name of contributors; DeLong, Jonathan       Amount of Contribution (\$) S3 City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S3 Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S3 City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$) S3         Date       Full name of contributor       out-of-state PAC (ID#:) DeLong, Jonathan       Amount of Contribution (\$) S3	07/05/2024	Davis, Richard		\$3.0
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Davis, Richard       Amount of Contribution (\$)         07/19/2024       Davis, Richard       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)				
Medic         City of Austin           Date         Full name of contributor         out-of-state PAC (ID#:         Amount of Contribution (\$)           07/19/2024         Davis, Richard         S3           Contributor address; City, State; Zip Code         Austin, TX 78721         S3           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         S4           Medic         Full name of contributor         out-of-state PAC (ID#:         City of Austin           Date         Full name of contributor         out-of-state PAC (ID#:         Amount of Contribution (\$)           07/05/2024         DeLong, Jonathan         City of Austin         S3           07/05/2024         Austin, TX 78721         Amount of Contribution (\$)         S3           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         S3           Medic         Austin, TX 78721         Amount of Contribution         S3           Medic         City of Austin         City of Austin         S3           Date         Full name of contributor         out-of-state PAC (ID#:         Amount of Contribution (\$)           Medic         Full name of contributor         out-of-state PAC (ID#:         Amount of Contribution (\$)         S3           Date         Full	Principal occu		Employer (See Instructions	s)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Davis, Richard       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Full name of contributors)       Employer (See Instructions)         Ortributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3         Medic       Contributor address; City; State; Zip Code       City of Austin       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Medic       Full name of contributor       out-of-state PAC (ID#:				<i>'</i> ,
07/19/2024         Davis, Richard		Eull name of contributor	-	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/05/2024       DeLong, Jonathan       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         O7/19/2024       DeLong, Jonathan       Amount of Contribution (\$)         O7/19/2024       DeLong, Jonathan       Amount of Contribution (\$)			)	\$3.0
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor or out-of-state PAC (ID#:) DeLong, Jonathan       Amount of Contribution (\$)         07/05/2024       DeLong, Jonathan       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor or out-of-state PAC (ID#:) DeLong, Jonathan       Amount of Contribution (\$)         Date       Full name of contributor or out-of-state PAC (ID#:) DeLong, Jonathan       Amount of Contribution (\$)         Sa       Sa       Sa       Sa         <				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       DeLong, Jonathan       s3         Contributor address; City; State; Zip Code       Austin, TX 78721       s3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       s4         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       DeLong, Jonathan       s3		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       DeLong, Jonathan       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       s3         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       DeLong, Jonathan       \$3	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
07/05/2024       DeLong, Jonathan       \$3         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occuration / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       DeLong, Jonathan       \$3	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Or/19/2024         DeLong, Jonathan	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Austin, TX 78721     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       O7/19/2024     DeLong, Jonathan	07/05/2024	DeLong, Jonathan		\$3.0
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)       07/19/2024     DeLong, Jonathan     \$3		Contributor address; City; State; Zip Code		
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/19/2024     DeLong, Jonathan     \$3				
07/19/2024 DeLong, Jonathan \$3		ipation / Job title (See Instructions)		s) 
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	07/19/2024	Contributor address; City; State; Zip Code		\$3.0
Austin, TX 78721				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		pation / Job title (See Instructions)		3)
Medic City of Austin	Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/135 Rpt: 33/141
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Dean-Masse, Dustin		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Dean-Masse, Dustin		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Derion, Sarah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Derion, Sarah		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>۲ــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	07/05/2024 Dionizio, James		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	Austin, TX 78721 ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/135 Rpt: 34/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Dionizio, James		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic	,	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Dockery, Victoria		\$3.70
	Austin, TX 78721	<u> </u>	-
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$3.70
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Donohoe, John		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Princinal occu	austin, 1X 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	>)
Wicalo			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 31/135 Rpt: 35/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Draper, Joseph	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
01100.222	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Draper, Joseph		\$3.00
			•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Γ δ)
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Duran, Bryan		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Duran, Bryan		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024			\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	"

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/135 Rpt: 36/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Durham, David		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u>Ι</u> δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Echevarria, Edgardo		\$1.30
	Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del></del>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Echevarria, Edgardo		\$1.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Edmonson, Savanna		\$3.00
	Contributor address; City; State; Zip Code		1
Drineiral again	Austin, TX 78721		<u> </u>
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Edmonson, Savanna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Medic	•	City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 33/135 Rpt: 37/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Eeten, John	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$5.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Eeten, John		\$5.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Eguia, Eduardo	,	\$1.00
•••••	Contributor address; City; State; Zip Code		· · · ·
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Eguia, Eduardo		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Elbel, Amber		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruct	ion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/135 Rpt: 38/141	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	ers)
	County Emergency Medical Services Employee PA		00053202	0.0,
4 Date 5	Full name of contributor out-of-state PAC (ID#:_	) 7	7 Amount of Contribution (\$)	
07/19/2024	Elbel, Amber			\$3.00
6	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	ation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/05/2024	Elizardo, Daniel			\$3.00
	Contributor address; City; State; Zip Code			
	August TV 20201			
	Austin, TX 78721			
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions)		
I		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	÷=
07/19/2024			\$3	\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		
07/05/0004		)	Amount of Contribution (\$)	
07/05/2024	Emmick, Christopher	)	Amount of Contribution (\$)	\$4.00
07/05/2024			Amount of Contribution (\$)	\$4.00
07/05/2024			Amount of Contribution (\$)	\$4.00
07/05/2024			Amount of Contribution (\$)	\$4.00
07/05/2024			Amount of Contribution (\$)	\$4.00
	Contributor address; City; State; Zip Code			\$4.00
	Contributor address; City; State; Zip Code Austin, TX 78721			\$4.00
Principal occupa	Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions)		\$4.00
Principal occupa Medic	Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions)	Employer (See Instructions)		\$4.00
Principal occupa Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions)		
Principal occupa Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher	Employer (See Instructions)		
Principal occupa Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         □ out-of-state PAC (ID#:_         Emmick, Christopher         Contributor address; City; State; Zip Code	Employer (See Instructions)		
Principal occupa Medic Date 07/19/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_         Emmick, Christopher         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Principal occupa Medic Date 07/19/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         ation / Job title (See Instructions)         Full name of contributor         □ out-of-state PAC (ID#:_         Emmick, Christopher         Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	

is form.       1       Total pages Schedule A1: Sch: 35/135 Rpt: 39/141         a PAC       3       Filer ID       (Ethics Commission Filers) 00053202         D#:
3       Filer ID       (Ethics Commission Filers)         00053202       00053202         D#:
a PAC       00053202         D#:
9       Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$)         \$3.30         D#:)       Amount of Contribution (\$)         Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$)         Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$)         Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$)         Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$)         Employer (See Instructions) City of Austin
9       Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$) \$3.30         Employer (See Instructions) City of Austin       \$3.30         D#:)       Amount of Contribution (\$) \$1.50         Employer (See Instructions) City of Austin       \$1.50         Employer (See Instructions) City of Austin       \$1.50         D#:)       Amount of Contribution (\$) \$1.50         Employer (See Instructions) City of Austin       \$1.50         D#:)       Amount of Contribution (\$) \$1.50         Employer (See Instructions) City of Austin       \$1.50
9       Employer (See Instructions) City of Austin         D#:
City of Austin         D#:
City of Austin         D#:
City of Austin         D#:
City of Austin         D#:
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Employer (See Instructions) City of Austin       Amount of Contribution (\$)         D#:)       Amount of Contribution (\$)         Employer (See Instructions) City of Austin       \$1.50         D#:)       Amount of Contribution (\$)         Employer (See Instructions) City of Austin       \$1.50         D#:)       Amount of Contribution (\$)         Employer (See Instructions) City of Austin       \$1.50         Employer (See Instructions) City of Austin       \$1.50         Employer (See Instructions) City of Austin       \$1.50
Employer (See Instructions) City of Austin D#:) Amount of Contribution (\$) \$1.50 Employer (See Instructions) City of Austin D#:) Amount of Contribution (\$) \$1.50 Startin S
Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$) \$1.50         Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$) \$1.50         Employer (See Instructions) City of Austin         D#:)       Amount of Contribution (\$) \$1.50         Employer (See Instructions) City of Austin         Employer (See Instructions) City of Austin         Employer (See Instructions) City of Austin
City of Austin         D#:
D#:)       Amount of Contribution (\$)         \$1.50         Employer (See Instructions)         City of Austin         D#:)         Amount of Contribution (\$)         \$1.50         Employer (See Instructions)         City of Austin         Employer (See Instructions)         City of Austin         Employer (See Instructions)         City of Austin
Employer (See Instructions)     City of Austin  D#:) Amount of Contribution (\$) \$1.50  Employer (See Instructions) City of Austin
Employer (See Instructions) City of Austin D#:) Amount of Contribution (\$) \$1.5(
City of Austin D#:) Amount of Contribution (\$) \$1.50 Employer (See Instructions) City of Austin
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City of Austin D#:) Amount of Contribution (\$) \$1.50 Employer (See Instructions) City of Austin
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Employer (See Instructions) City of Austin
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City of Austin
City of Austin
City of Austin
) Amount of Contribution (\$)
\$2.00 \$2.00
Employer (See Instructions)
City of Austin
Employer (See Instructions)

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 36/135 Rpt: 40/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Ferguson, John		\$2.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
07/05/2024	Ferguson, Thomas		\$1.30
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
•	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Ferguson, Thomas		\$1.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Fernandez, Eric		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Fernandez, Eric		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		1	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/135 Rpt: 41/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P/	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Figueroa, Joshua		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	-,
Date	Full name of contributor out-of-state PAC (ID#:	-	Amount of Contribution (\$)
07/19/2024	Figueroa, Joshua	)	\$3.00
01110/2024			
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Finch, Walter		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<b>I</b> 6)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Fitzpatrick, Bryan	/	\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/135 Rpt: 42/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	Fitzpatrick, Bryan		\$5.0
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Flanagan, Rilie		\$2.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	š)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Flanagan, Rilie		\$2.0
	Contributor address; City; State; Zip Code		·
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Flores, Raul		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Flores, Raul		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 39/135 Rpt: 43/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Flores, Robert		\$2.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Flores, Robert		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	[
Medic		City of Austin	2)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/05/2024	Flores, Tiana		\$3.00
01100/202	Contributor address; City; State; Zip Code		· · · · · ·
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Flores, Tiana		\$3.00
	Contributor address; City; State; Zip Code		1
Dringingl oppu	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$2.00
0//05/2024	Fuentes, Timothy		φ2.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)
Medic	•	City of Austin	, ,
		I	

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 40/135 Rpt: 44/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Fuentes, Timothy		\$2.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	7
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Gallio, Riane		\$3.00
	Austin, TX 78721	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	07/19/2024 Gallio, Riane		\$3.00
	Contributor address; City; State; Zip Code		
<u></u>	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	\$) 
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Garcia, Bianca		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Garcia, Bianca		\$3.00
	Contributor address; City; State; Zip Code		1
	Auctin TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	*)

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/135 Rpt: 46/141
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date 07/19/2024	<ul> <li>5 Full name of contributorout-of-state PAC (ID#:Gastelum, Aaron</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$1.00
	Austin, TX 78721	-	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	.)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Gold, Mora		\$3.00
	Contributor address; City; State; Zip Code		
Dringing Loopu	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	i)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Gold, Mora Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Gomez-Rivera, Alexander Brooks		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Gomez-Rivera, Alexander Brooks		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>(</u> )
Medic		City of Austin	7
		<u> </u>	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 43/135 Rpt: 47/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	County Emergency Medical Services Employee PA		00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer	)	7 Amount of Contribution (\$) \$1.00
			ψ1.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Gordon, Jennifer		\$1.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
		<u> </u>	
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
0110012024	Gowe, Kathleen Contributor address; City; State; Zip Code		ψ0.00
	Austin, TX 78721		
Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Gowe, Kathleen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024 .	Gregson, Jordan Contributor address; City; State; Zip Code		\$3.00
· · · ·			
	Austin, TX 78721		
Principal occup	Austin, TX 78721 Dation / Job title (See Instructions)	Employer (See Instructions)	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 44/135 Rpt: 48/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Gregson, Jordan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Griffin, Bradley		\$3.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Griffin, Bradley		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Griffith, Kimberly		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic	,	City of Austin	· ·
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/19/2024	Griffith, Kimberly	/	\$5.00
•••	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 45/135 Rpt: 49/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Grijalva, Corey	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	à)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Grijalva, Corey		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Hadas, Brian		\$2.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Amount of Contribution (\$)
07/19/2024	Hadas, Brian		\$2.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Hadden, Justin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing loog	Austin, TX 78721		- \
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 46/135 Rpt: 50/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Hadden, Justin		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	, ,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	—		\$3.00
	Contributor address; City; State; Zip Code		1
D in single age	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Haggarty, Timothy	)	Amount of Contribution (\$) \$3.00
0111312024			ψυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	š)
	<u> </u>	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Hair, Nathan		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Hair, Nathan		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	"

		r	
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 47/135 Rpt: 51/141
2 FILER NAME		:	<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	County Emergency Medical Services Employee PA		00053202
4 Date 07/05/2024	5 Full name of contributor Out-of-state PAC (ID#:_ Hairston, Christopher		<ul><li>7 Amount of Contribution (\$)</li><li>\$1.</li></ul>
	6 Contributor address; City; State; Zip Code		
Dringing agour	Austin, TX 78721		
Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Hairston, Christopher		\$1.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Hanes, Rodney		\$5.
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Hanes, Rodney		\$5.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
			Amount of Contribution (\$)
Medic	pation / Job title (See Instructions)		
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Hanks, Kaden Contributor address; City; State; Zip Code		Amount of Contribution (\$)
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Hanks, Kaden		Amount of Contribution (\$)
Medic Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:_ Hanks, Kaden Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3.

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/135 Rpt: 52/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#: Hanks, Kaden	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Hargrave, Jeffrey		\$3.00
	Contributor address; City; State; Zip Code		•
I	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Hargrave, Jeffrey		\$3.00
	Contributor address; City; State; Zip Code		•
- · · ·	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Harner, Kevin		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>י</i> י
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Harner, Kevin	)	Amount of Contribution (\$) \$2.50
0111312024			Ψ2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>''</i>

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 49/135 Rpt: 53/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Hawthorne, Cole		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Hawthorne, Cole		\$3.0
	Contributor address; City; State; Zip Code		
Di indaan	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions)	•)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Hay, Keli		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Dringing occu	apation / Job title (See Instructions)	Employer (See Instructions)	
Medic		Employer (See Instructions) City of Austin	·)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
07/05/2024	Hellein, Jacob	,	\$3.0
1	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)
Medic		City of Austin	
			L

The Instruc	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 50/135 Rpt: 54/141	
2 FILER NAME		:	3 Filer ID (Ethics Commission Filers	s)
Austin Travis	County Emergency Medical Services Employee PA	AC	00053202	
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#: Hellein, Jacob	)	7 Amount of Contribution (\$)	3.00
0111312027			¥	0.00
	6 Contributor address; City; State; Zip Code			
Dringing oggu	Austin, TX 78721			
Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/05/2024	Hernandez, Hugo		\$	51.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/19/2024	Hernandez, Hugo		\$	51.00
	Contributor address; City; State; Zip Code			
Duin singly again	Austin, TX 78721			
Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/05/2024	Hernandez Arias, Alejandra	1	¢	<u>,</u> , ,,
,	-		\$	3.00
	Contributor address; City; State; Zip Code		\$	53.00
	-		⇒	
Principal occu Medic	Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin		
	Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin		
Medic	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra	City of Austin	Amount of Contribution (\$)	
Medic Date 07/19/2024	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 51/135 Rpt: 55/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Herrera, Caroline	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Herrera, Caroline		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Hicks, Matthew		\$5.00
-	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Hicks, Matthew		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Hindman, Justin		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 52/135 Rpt: 56/141
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	۔ is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	· · · · · · · · · · · · · · · · · · ·		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/05/2024	Hindman, Shelby	/	\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Hindman, Shelby		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Holland, Travis		\$2.50
	Contributor address; City; State; Zip Code		1
D in single and	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
	<u> </u>		
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$2.50
0111912024	·		φ2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 53/135 Rpt: 57/141
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Howell, Joseph	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	a)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Howell, Joseph		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Huitt, Andrew		\$10.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)
07/19/2024	Huitt, Andrew		\$10.00
	Contributor address; City; State; Zip Code		1
	- · · ·		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Jackson, Bryan		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
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Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 07/19/2024       5 Full name of contribution	The Instruc	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution of mit-of-state PAC (IDIII)       2         07/19/2024       6 Contribution address; City; State; Zip Code       7         Austin, TX 78721       9 Employer (See Instructions)       7         Medic       Contribution (S)       9 Employer (See Instructions)       Amount of Contribution (S)         Or105/2024       Full name of contributor       out-of-state PAC (IDIII)       Amount of Contribution (S)         Or105/2024       Full name of contributor       out-of-state PAC (IDIII)       Amount of Contribution (S)         Or105/2024       Full name of contributor       out-of-state PAC (IDIII)       Amount of Contribution (S)         Or105/2024       Full name of contributor       out-of-state PAC (IDIII)       Amount of Contribution (S)         Or119/2024       Full name of contributor       out-of-state PAC (IDIII)       Amount of Contribution (S)         Or119/2024       Full name of contributor       out-of-state PAC (IDIII)       Amount of Contribution (S)         Or119/2024       Full name of contributor       out-of-state PAC (IDIII)       Amount of Contribution (S)         Or119/2024       Full name of contributor       out-of-state PAC (IDIII)       Amount of Contribution (S)         Or100/19/2024       Full na	2 FILER NAME			
07/19/2024       Jackson, Bryan	Austin Travis	S County Emergency Medical Services Employee P/	AC	
6       Contributor address: City: State: Zip Code         Austin, TX 78721       9         8       Principal occupation / Job title (See Instructions)         Otte       Out-of-state PAC (Data         07/05/2024       Full name of contributor       out-of-state PAC (Data         07/05/2024       Jacobsen, Patrick       Contributor address; City: State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (\$) <td>4 Date</td> <td>5 Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>7 Amount of Contribution (\$)</td>	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         B       Principal occupation / Job title (See Instructions) Medic       9         Date 07705/2024       Full name of contributor out-of-state PAC (De;	07/19/2024			\$3.00
9       Employer (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         07/05/2024       Jacobsen, Patrick Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         Date 07/19/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         Date 07/19/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/05/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/105/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor       out-of-state PAC (Der				
9       Employer (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         07/05/2024       Jacobsen, Patrick Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         Date 07/19/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         Date 07/19/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/05/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/105/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor       out-of-state PAC (Der				
9       Employer (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         07/05/2024       Jacobsen, Patrick Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         Date 07/19/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         Date 07/19/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/05/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/105/2024       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor       out-of-state PAC (Der				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#			·	
Date       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)       \$2.50         07/05/2024       Jacobsen, Patrick       \$2.50       \$2.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)         07/19/2024       Jacobsen, Patrick       S2.50         O7/19/2024       Jacobsen, Patrick       S2.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         07/05/2024       Jakubauskas, Eric       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.50         O7/05/2024       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         Date <t< td=""><td></td><td>pation / Job title (See Instructions)</td><td></td><td>5)</td></t<>		pation / Job title (See Instructions)		5)
07/05/2024       Jacobsen, Patrick       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-ot-state PAC (ID#:	Meaic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributor			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDR:) Jacobsen, Patrick       Amount of Contribution (\$) S2.50         O7/19/2024       Full name of contributor       out-of-state PAC (IDR:) Austin, TX 78721       Amount of Contribution (\$) S2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S2.50         Date 07/05/2024       Full name of contributor       out-of-state PAC (IDR:) Jakubauskas, Eric       Amount of Contribution (\$) S2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       S2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$2.50         Date 07/19/2024       Full name of contributor       out-of-state PAC (IDR:) Jakubauskas, Eric       Amount of Contribution (\$) S2.50         Contributor address; City, State; Zip Code       Contributor address; City, State; Zip Code       Amount of Contribution (\$) S2.50         O7/19/2024       Full name of contributor       out-of-state PAC (IDR:	07/05/2024			\$2.50
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Austin TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:	Principal occur		Employer (See Instructions	s)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Jacobsen, Patrick       \$2.50         Contributor address; City; State; Zip Code       State; Zip Code       \$2.50         Austin, TX 78721       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Jakubauskas, Eric        Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Medic       Contributor address; City; State; Zip Code				2)
07/19/2024       Jacobsen, Patrick       \$\$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;		Eull name of contributor		Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         out-of-state PAC (ID#;)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         OT/05/2024         Jakubauskas, Eric         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Medic         Date         O7/19/2024         Jakubauskas, Eric         Contributor address; City; State; Zip Code         City of Austin         O7/19/2024         Jakubauskas, Eric         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instruction			/	
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor	01120,202			· · · · · ·
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Jakubauskas, Eric       Amount of Contribution (\$)         07/05/2024       Jakubauskas, Eric       \$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       Full name of contributor       out-of-state PAC (ID#:) Jakubauskas, Eric         07/19/2024       Full name of contributor       out-of-state PAC (ID#:) Jakubauskas, Eric         07/19/2024       Full name of contributor       out-of-state PAC (ID#:) Jakubauskas, Eric         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Viripical occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Jakubauskas, Eric       Amount of Contribution (\$)         07/05/2024       Jakubauskas, Eric       \$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       Full name of contributor       out-of-state PAC (ID#:) Jakubauskas, Eric         07/19/2024       Full name of contributor       out-of-state PAC (ID#:) Jakubauskas, Eric         07/19/2024       Full name of contributor       out-of-state PAC (ID#:) Jakubauskas, Eric         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Viripical occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Jakubauskas, Eric       \$2.50         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Jakubauskas, Eric       S2.50       \$2.50         Contributor address; City; State; Zip Code       Amount of Contributor       \$2.50         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Jakubauskas, Eric       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       Jakubauskas, Eric       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50	Principal occur	pation / Job title (See Instructions)		5)
07/05/2024       Jakubauskas, Eric       \$2.50         Contributor address; City; State; Zip Code	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:)         Jakubauskas, Eric         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor on out-of-state PAC (ID#:)         07/19/2024       Jakubauskas, Eric Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	07/05/2024	Jakubauskas, Eric		\$2.50
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/19/2024       Jakubauskas, Eric         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Jakubauskas, Eric       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/19/2024       Jakubauskas, Eric         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin TV 70701		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Jakubauskas, Eric       \$2.50         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	Principal occur		Employer (See Instructions	<u></u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Jakubauskas, Eric       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				>)
07/19/2024       Jakubauskas, Eric       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	0111312027			ψ2.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		Austin, TX 78721		
Medic City of Austin	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 55/135 Rpt: 59/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	James, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	James, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721	- · · · · · · · ·	-
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	·)
		-	
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$3.00
0770572024	Jensen, David		φο.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Jensen, David		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L 3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Jimenez, Noah		\$3.00
	Contributor address; City; State; Zip Code		
	Auctin TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	\$\
Medic		City of Austin	<i>.</i> )

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/135 Rpt: 60/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	۹C	00053202
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#:]	)	7 Amount of Contribution (\$) \$3.0
	Jimenez, Noah		ψο.υ
	6 Contributor address; City; State; Zip Code		
2. Duin singly again	Austin, TX 78721		
8 Principal occup Medic	pation / Job title (See Instructions)	<ul> <li>9 Employer (See Instructions)</li> <li>City of Austin</li> </ul>	1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Jimenez Unzueta, Marco		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Jimenez Unzueta, Marco		\$3.0
	Contributor address; City; State; Zip Code		
Dringingloggy	Austin, TX 78721		
Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	, 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Johns, Edward		\$1.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Date			¢1.0
07/19/2024	Johns, Edward		\$1.0
	Johns, Edward Contributor address; City; State; Zip Code		\$1.0
			\$1.0
07/19/2024	Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	

The Instruction Guide explains how to complete         2       FILER NAME         Austin Travis County Emergency Medical Services Emp         4       Date         07/05/2024       5         Full name of contributor       Image: Out-of-state Full o	Sch: 57/135 Rpt: 61/141         3 Filer ID (Ethics Commission Filers)         00053202
Austin Travis County Emergency Medical Services Emp         4 Date       5 Full name of contributor         07/05/2024       Johnson, Andy	byee PAC 3 Filer ID (Ethics Commission Filers) 00053202
Austin Travis County Emergency Medical Services Emp         4 Date       5 Full name of contributor       out-of-state F         07/05/2024       Johnson, Andy	oyee PAC 00053202
07/05/2024 Johnson, Andy	AC (ID#: ) 7 Amount of Contribution (\$)
07/05/2024 Johnson, Andy	
	\$5.0
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Medic	City of Austin
Date Full name of contributor out-of-state F	
07/19/2024 Johnson, Andy	\$5.0
Contributor address; City; State; Zip Code	
Austin TV 70721	
Austin, TX 78721	Employer (Cool Instructions)
Principal occupation / Job title (See Instructions) Medic	Employer (See Instructions) City of Austin
Date Full name of contributor out-of-state F	
07/05/2024 Junod, Joseph	\$3.0
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin
Date Full name of contributor out-of-state F	AC (ID#:) Amount of Contribution (\$)
07/19/2024 Junod, Joseph	\$3.0
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin
Date Full name of contributor out-of-state F	
07/05/2024 Kalinowski, Jonathan	\$1.4
I	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	Employer (See Instructions) City of Austin

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 58/135 Rpt: 62/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee F		00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
07/19/2024	Kalinowski, Jonathan		\$1.40
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#	·)	Amount of Contribution (\$)
07/05/2024	Kaminowitz, Robert		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
07/19/2024	Kaminowitz, Robert		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70721		
Dringingloggy	Austin, TX 78721	Employer (Can Instructions	
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	»)
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
07/05/2024	Kane, Mikel		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>י</i> ן
Date 07/19/2024	Full name of contributor Out-of-state PAC (ID# Kane, Mikel	:)	Amount of Contribution (\$) \$1.00
0111912024			φ1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 59/135 Rpt: 63/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Keef, Sean	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Keef, Sean		\$3.00
			4
- · · · .	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Kelly, Nolan		\$5.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Kelly, Nolan		\$5.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Kimble, Alena		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>''</i>

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 60/135 Rpt: 64/141	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	ers)
Austin Travis	County Emergency Medical Services Employee P		00053202	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	) ,	7 Amount of Contribution (\$)	
07/19/2024	07/19/2024 Kimble, Alena			\$3.00
	6 Contributor address; City; State; Zip Code			
2 Driveladu	Austin, TX 78721			
8 Principal occuj Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	<b>*</b> 2 00
07/05/2024				\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/19/2024	Kingsbury, Dillon			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	±2.00
Medic	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre	City of Austin		\$3.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin		\$3.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre	City of Austin		\$3.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre	City of Austin		\$3.00
Medic Date 07/05/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024 Principal occu	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin ) 	Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024 Principal occu Medic	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	City of Austin ) 	Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024 Principal occur Medic Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Kirmanidis, Andre         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_	City of Austin ) 	Amount of Contribution (\$)	
Medic Date 07/05/2024 Principal occur Medic Date	pation / Job title (See Instructions)  Full name of contributor  Kirmanidis, Andre  Contributor address; City; State; Zip Code  Austin, TX 78721 pation / Job title (See Instructions)  Full name of contributor  Kirmanidis, Andre	City of Austin ) 	Amount of Contribution (\$)	
Medic Date 07/05/2024 Principal occur Medic Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Kirmanidis, Andre         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Kirmanidis, Andre         Contributor address; City; State; Zip Code	City of Austin ) 	Amount of Contribution (\$)	
Medic Date 07/05/2024 Principal occur Medic Date 07/19/2024	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Kirmanidis, Andre         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_         Kirmanidis, Andre         Contributor address; City; State; Zip Code         Austin, TX 78721         Austin, TX 78721         Austin, TX 78721	City of Austin	Amount of Contribution (\$)	
Medic Date 07/05/2024 Principal occur Medic Date 07/19/2024	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Kirmanidis, Andre         Contributor address; City; State; Zip Code         Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Kirmanidis, Andre         Contributor address; City; State; Zip Code	City of Austin ) 	Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 61/135 Rpt: 65/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Knauer, Andrew		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Knauer, Andrew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Knight, Aaron		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Knight, Aaron		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Koller, Joel		\$3.00
	Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721		-
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 62/135 Rpt: 66/141	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
	s County Emergency Medical Services Employee P		00053202	0,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/19/2024			\$	\$3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	1	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/05/2024	Koller, Steven		\$	\$3.00
	Contributor address; City; State; Zip Code			
· · ·	Austin, TX 78721			
	upation / Job title (See Instructions)	Employer (See Instructions)	1	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	_
07/19/2024	Koller, Steven		\$	\$3.00
	Contributor address; City; State; Zip Code			
	Austin TV 70701			
Dringing oog	Austin, TX 78721			
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	i	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	*~ ~~
07/05/2024	Kownacki, Benjamin		\$	\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
07/19/2024				\$3.00
	-			-
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Medic		City of Austin		
Date 07/19/2024 Principal occu		Employer (See Instructions)		— Б:

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 63/135 Rpt: 67/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Kraemer, Ashley		\$3.00
	6 Contributor address; City; State; Zip Code		1
2 Dringinglogou	Austin, TX 78721		Į
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
		-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ŝ)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Krampitz, Casey		\$1.30
			•
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Krampitz, Casey		\$1.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
07/05/2024	Kraus, Stephen	/	\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		·	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 64/135 Rpt: 68/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	Kraus, Stephen		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i> )
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Krycia, Noah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
07/19/2024	Krycia, Noah		\$3.00
			•
	Austin, TX 78721	<u>.</u>	
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Kurtze, Benedict		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ŝ)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/19/2024	Kurtze, Benedict		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 65/135 Rpt: 69/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Lamoureux, Nicholas		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	i	
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Lamoureux, Nicholas		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	<i>,</i> ,
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Lancaster, Eric	)	Amount of Contribution (\$) \$2.50
UTIUSILULA			↓
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<del>Σ</del> δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Lancaster, Eric		\$2.50
	Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	LeFan, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	"

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 66/135 Rpt: 70/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travia	s County Emergency Medical Services Employee P	AC	00053202
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#: LeFan, Rebecca	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$2.00</li></ul>
011201202	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>۲</u> ۵)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
07/05/2024	Leibin, Michael	/	\$3.00
01,00,	Contributor address; City; State; Zip Code		•
	Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic	,	City of Austin	<i>,</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/19/2024	Leibin, Michael	/	\$3.00
01110,202.	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Lesley, Brian		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	;)
			1
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Lesley, Brian		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Dringinal occu		Employer (See Instructions	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
NEUIC			

	3	J Filer ID (Ethics Commission Filers)
		<b>3</b> Filer ID (Ethics Commission Filers)
ty Emergency Medical Services Employee PA	AC	00053202
	) 7	7 Amount of Contribution (\$) \$1.0
		+
Job title (See Instructions)	9 Employer (See Instructions)	
,	City of Austin	
name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
		\$1.0
IIIDUIDI address, City, State, Zip Code		
stin, TX 78721		
Job title (See Instructions)	Employer (See Instructions)	
,	City of Austin	
I name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
		\$3.0
Job title (See Instructions)		
	<u> </u>	
	)	Amount of Contribution (\$)
		\$3.0
ıtributor address; City; State; Zip Code		
Job title (See Instructions)	Employer (See Instructions) City of Austin	
I name of contributor 🛛 out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
ster, Matthew		\$1.0
itributor address; City; State; Zip Code		
stin, TX 78721		
Job title (See Instructions)	Employer (See Instructions)	
	ster, Christopher  ntributor address; City; State; Zip Code  Istin, TX 78721  Job title (See Instructions)  II name of contributor	ster, Christopher   ntributor address; City; State; Zip Code     istin, TX 78721   'Job title (See Instructions)   I name of contributor   out-of-state PAC (ID#:)   ster, Christopher   ntributor address; City; State; Zip Code   stin, TX 78721   'Job title (See Instructions)   Employer (See Instructions)   City of Austin     Iname of contributor   out-of-state PAC (ID#:)   yva, Andrew   ntributor address; City; State; Zip Code     istin, TX 78721   Job title (See Instructions)   Employer (See Instructions)   City of Austin     Iname of contributor   out-of-state PAC (ID#:)   yva, Andrew   ntributor address; City; State; Zip Code   Istin, TX 78721   'Job title (See Instructions)   Employer (See Instructions)   City of Austin   Iname of contributor   out-of-state PAC (ID#:)   yva, Andrew   ntributor address; City; State; Zip Code   istin, TX 78721   'Job title (See Instructions)   Employer (See Instructions)   City of Austin   Iname of contributor   out-of-state PAC (ID#:)   yta, Andrew   ntributor address; City; State; Zip Code   In name of contributor     Iname of contributor   I name of contributor   out-of-state PAC (ID#:)   ister, Matthew </td

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 68/135 Rpt: 72/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	Lidster, Matthew		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Lindsay, Ross		\$3.00
ĺ	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Lindsay, Ross		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Lines, Bradley		\$4.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Lines, Bradley		\$4.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 69/135 Rpt: 73/141	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	3)
	s County Emergency Medical Services Employee P	AC	00053202	"
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/05/2024	Lopez, Cindy		\$3	3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721	1		
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Medic		City of Austin		
Date		)	Amount of Contribution (\$)	
07/19/2024	Lopez, Cindy		\$3	3.00
	Contributor address; City; State; Zip Code			
D in single age	Austin, TX 78721		<u></u>	
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/05/2024	Lopez, Lindsay		\$3	3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Medic		City of Austin	·)	
			Amount of Contribution (ft)	
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	3.00
0//19/2024	Lopez, Lindsay		Ψ.	3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)	
Medic		City of Austin	,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/05/2024	Lopez, Ramon			3.00
	Contributor address; City; State; Zip Code			-
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Medic		City of Austin		
	Austin, TX 78721		;)	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 70/135 Rpt: 74/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#: Lopez, Ramon	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Lozano Avila, Victor		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	-
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/19/2024	Lozano Avila, Victor	/	\$3.00
011101202	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Lydon, Cassandra		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>
Medic		City of Austin	·/
Date	Full name of contributor out-of-state PAC (ID#:	<u>.                                    </u>	Amount of Contribution (\$)
07/19/2024	Lydon, Cassandra		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	
	pation / Job title (See Instructions)		3)

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 72/135 Rpt: 76/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Mallon, Paul		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	L 3)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Malone, Jordan		\$3.00
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Malone, Jordan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Mancia Covarrubias, Adonay		\$3.00
	Contributor address; City; State; Zip Code		
Duincipal agai	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Mancia Covarrubias, Adonay	)	Amount of Contribution (\$) \$3.00
U11312024			φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 73/135 Rpt: 77/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Mancias, Vivian		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Mancias, Vivian		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	5)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
07/05/2024	Full name of contributor out-of-state PAC (ID#: Martin, Denise	)	\$3.00
01100,202 .	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	6)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Martin, Denise		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	-,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/05/2024	Martin, Emily	/	\$5.00
01100.2.2	Contributor address: City; State: Zip Code		•
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A1: Sch: 74/135 Rpt: 78/141
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of Contribution (\$)
07/19/2024 Martin, Emily	\$5.
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
<ul><li>8 Principal occupation / Job title (See Instructions)</li><li>9 Medic</li></ul>	Employer (See Instructions)
	City of Austin
Date Full name of contributor out-of-state PAC (ID#:	
	\$3.
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/19/2024 Martin, Noah	
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/05/2024 Martinez, Henry	\$1.
Contributor address; City; State; Zip Code	
Augura TV 70721	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic	Employer (See Instructions) City of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/19/2024 Martinez, Henry	\$1.
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	
	City of Austin
	City of Austin

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

Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution	The Instru	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contribution	2 FILER NAME			
07/19/2024       May, Meghan		s County Emergency Medical Services Employee P/		
6       Contributor address; City; State; 2ip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDF)       Amount of Contribution (\$)         07/05/2024       Full name of contributors       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDF)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         O7/05/2024       Full name of contributor       out-of-state PAC (IDF)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         07/19/2024       Full name of contributor       out-of-state PAC (IDF)       Amount of Contribution (\$)       \$3.00         Contributor address; City; State; Zip Code       City of Austin       Amount of Contribution (\$)       \$3.00         07/1	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	07/19/2024			\$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       out-of-state PAC (Der) Mayian, Jimma       Amount of Contribution (S)         Orifos/2024       Full name of contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)         Date 07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contributor address; City; State; Zip Code       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)     <				•
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor       out-of-state PAC (Der) Mayian, Jimma       Amount of Contribution (S)         Orifos/2024       Full name of contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)         Date 07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contributor address; City; State; Zip Code       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)     <				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor       out-of-state PAC (Der) Mayian, Jimma       Amount of Contribution (S)         Orifos/2024       Full name of contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S)         Date 07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contributor address; City; State; Zip Code       Amount of Contribution (S)         07/19/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)         07/05/2024       Full name of contributor       out-of-state PAC (Dir:) (Contribution address; City; State; Zip Code       Amount of Contribution (S)     <				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#			 	
Date       Full name of contributor       out-of-state PAC (Data and the pace of the pace		pation / Job title (See Instructions)		<i>;</i> )
07/05/2024       Mayian, Jimma				<del> </del>
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:         07/05/2024       McClelland, Sterling       Amount of Contribution (\$)         07/05/2024       Austin, TX 78721       Amount of Contributor         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)         07/19/2024       McClelland, Sterling       S3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) McDariel, Michael       Contributor       out-of-state PAC (IDE:         07/05/2024       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$) <t< td=""><td></td><td></td><td>)</td><td></td></t<>			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor or out-of-state PAC (ID#:) McClelland, Sterling Contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) S3.00         Date 07/19/2024       Full name of contributor or out-of-state PAC (ID#:) McClelland, Sterling       Amount of Contribution (\$) S3.00         Date 07/19/2024       Full name of contributor or out-of-state PAC (ID#:) McClelland, Sterling       Amount of Contribution (\$) S3.00         Or119/2024       Full name of contributor or out-of-state PAC (ID#:) McClelland, Sterling       Amount of Contribution (\$) S3.00         O7/19/2024       Full name of contributor or out-of-state PAC (ID#:) McClelland, Sterling       Amount of Contribution (\$) S3.00         O7/05/2024       Full name of contributor or out-of-state PAC (ID#:) McClaniel, Michael       Amount of Contribution (\$) S9.50         O7/05/2024       Full name of contributor or out-of-state PAC (ID#:) McClaniel, Michael       Amount of Contribution (\$) S9.50         Orntibutor address; City, State; Zip Code       Amount of Contribution (\$) McClaniel, Michael       S9.50         Contributor address; City, State; Zip Code       Amount of Contributio	07/05/2024	-		\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (D#:		Austin TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         07/05/2024       McClelland, Sterling       \$3.00       \$3.00       \$3.00         Contributor address; City, State; Zip Code       Employer (See Instructions)       \$3.00         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:) <td>Principal occu</td> <td></td> <td>Employer (See Instructions</td> <td><u> </u></td>	Principal occu		Employer (See Instructions	<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       McClelland, Sterling       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor address; City; Stat				"
07/05/2024       McClelland, Sterling       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Date       Full name of contributor address; City; State; Zip Code         07/19/2024       Full name of contributor of out-of-state PAC (ID#;		Eull name of contributor		Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         07/19/2024         McClelland, Sterling         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         McClelland, Sterling         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:         Contributor address; City; State; Zip Code         Medic         Date       Full name of contributor         Ot-of-state PAC (ID#:         City of Austin         Contributor address; City; State; Zip Code         Amount of Contribution (\$)         Gr/05/2024       McDaniel, Michael         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721			/	
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor	01100/202			
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) McClelland, Sterling       Amount of Contribution (\$)         07/19/2024       McClelland, Sterling       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) McDaniel, Michael       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:) McDaniel, Michael       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:) McDaniel, Michael       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:) McDaniel, Michael       \$9.50         Contributor address; City; State; Zip Code       Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) McClelland, Sterling       Amount of Contribution (\$)         07/19/2024       McClelland, Sterling       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) McDaniel, Michael       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:) McDaniel, Michael       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:) McDaniel, Michael       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:) McDaniel, Michael       \$9.50         Contributor address; City; State; Zip Code       Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       McClelland, Sterling       \$3.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Quitor address; City; State; Zip Code       Amount of Contributor         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       McClelland, Sterling       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#:)         McDaniel, Michael       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job title (See Instructions)		3)
07/19/2024       McClelland, Sterling       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         McDaniel, Michael       Amount of Contribution (\$)         07/05/2024       McDaniel, Michael       \$9.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Medic		City of Austin	
Contributor address; City; State; Zip Code          Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:)         McDaniel, Michael         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         City of Austin         State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor on out-of-state PAC (ID#:)         McDaniel, Michael       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	07/19/2024	McClelland, Sterling		\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       McDaniel, Michael         Contributor address; City; State; Zip Code       \$9.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		1
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       McDaniel, Michael         Contributor address; City; State; Zip Code       \$9.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       McDaniel, Michael         Contributor address; City; State; Zip Code       \$9.50         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       McDaniel, Michael       \$9.50         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Image: Contributor address         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions	5)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       McDaniel, Michael       \$9.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				"
07/05/2024       McDaniel, Michael       \$9.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Full name of contributor		Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			/	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	01100/202			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		Austin, TX 78721		
Medic City of Austin	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
	Medic		City of Austin	

The Instru	uction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 77/135 Rpt: 81/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Trav	is County Emergency Medical Services Employee P	'AC	00053202
4 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	McDaniel, Michael		\$9.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Amount of Contribution (\$)
07/05/2024	McGarry, Kenneth		\$2.50
	Contributor address; City; State; Zip Code		•
1			
	Austin, TX 78721		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$2.50
	Contributor address; City; State; Zip Code	,	•
	Austin, TX 78721		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/05/2024			\$1.00
	Contributor address; City; State; Zip Code		
l			
l			
	Austin, TX 78721		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/19/2024		/	\$1.00
011101_0_	Contributor address; City; State; Zip Code		
l	Continuation address, City, State, Zip Code		
1			
l	Austin, TX 78721		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	
Medic	apation / Job title (See maracuons)	City of Austin	>)
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 78/135 Rpt: 82/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	McLaughlin, Kathleen		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ŝ)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	McLaughlin, Kathleen		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721	i	
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	McNiff, Katie		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ŝ)
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	McNiff, Katie		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing Loop	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Mead, Catrina		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۶)
Medic		City of Austin	
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 79/135 Rpt: 83/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Medina, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Medina, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
07/05/2024	Megally, Maureen	/	\$3.00
01100.2.2	Contributor address; City; State; Zip Code		• • • •
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Megally, Maureen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70791		
Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	5)
		-	Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Mendez, Corey	)	Amount of Contribution (\$) \$3.00
01100/2021	Contributor address; City; State; Zip Code		+0.00
	Culturbutor audress, City, State, Lip Cour		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 80/135 Rpt: 84/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Mendez, Corey		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Mestaz, Thomas		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>יי</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/19/2024	Mestaz, Thomas	/	\$3.00
01110/202	Contributor address; City; State; Zip Code		· · · · · ·
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Miller, Matthew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Miller, Matthew	)	Amount of Contribution (\$) \$3.00
0111312027	Contributor address: City: State: Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 81/135 Rpt: 85/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Mireles, Guadalupe		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
07/05/2024	Molinelli, Nicholas	/	\$3.00
01100.202	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Molinelli, Nicholas		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70791		
Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	)
		-	Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Monson, Nancy	)	Amount of Contribution (\$) \$1.00
01100/2021	Contributor address; City; State; Zip Code		+1.00
	Culturbutor audress, City, State, Lip Cour		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

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The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 82/135 Rpt: 86/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Monson, Nancy		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Moore, Garrett		\$3.00
	Contributor address; City; State; Zip Code		1
D in single and	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Moore, Garrett		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>'</i>
			Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Morris, Kyle	)	Amount of Contribution (\$) \$3.00
01103/2024	-		ψ3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Medic	•	City of Austin	, ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
07/19/2024	Morris, Kyle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

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

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 84/135 Rpt: 88/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Muniz, Brian		\$2.00
	6 Contributor address; City; State; Zip Code		
	Austin TV 70701		
• Drincinal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	
8 Principal occu Medic		City of Austin	)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Murphy, Michelle	)	Amount of Contribution (\$) \$3.00
0110312024			ψ0.00
	Continuation address, City, State, Lip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Murphy, Michelle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringingl occu	Austin, TX 78721	Employer (See Instructions	
Medic	ipation / Job title (See Instructions)	City of Austin	5)
			Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Nance, Megan	)	Amount of Contribution (\$) \$3.00
UTIONLOL	Contributor address; City; State; Zip Code		ψ0.00
	Continuation address, Ory, State, 21p Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Nance, Megan		\$3.00
	Contributor address; City; State; Zip Code		
	Auctin TV 70701		
Drincinal occu	Austin, TX 78721	Employer (See Instructions	
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
MCulo			

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

The l	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 86/135 Rpt: 90/141		
2 FILER	NAME			3	Filer ID (Ethics Commission F	Filers)
		s County Emergency Medical Services Employee P	AC		00053202	.
4 Date		5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
07/19/	/2024	Nguyen, Christopher				\$3.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
		pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
Medic	;		City of Austin			
Date		Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
07/05/	/2024	Noak, Darren				\$2.50
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic	;		City of Austin			
Date	_	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	_
07/19/	/2024	Noak, Darren				\$2.50
		Contributor address; City; State; Zip Code				
		Auctin TV 70701				
Princin		Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Medic			City of Austin	5)		
	,		<u> </u>	1		
Date	12021	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀፍ በበ
07/05/	/2024	Noble, Keith				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
Medic		,	City of Austin	-,		
Date		Full name of contributor out-of-state PAC (ID#:_		Τ	Amount of Contribution (\$)	
07/19/	/2024	Noble, Keith	/		Allount of Contribution (+)	\$5.00
•=		Contributor address; City; State; Zip Code		•		+
		Austin, TX 78721				
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic	;		City of Austin			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 87/135 Rpt: 91/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travia	is County Emergency Medical Services Employee P	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Noftle, Rachel	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Noftle, Rachel		\$3.00
	Contributor address; City; State; Zip Code		
·	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Nudelman, Lee		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Nudelman, Lee		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Olivarez, Dominique Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۶)
Medic		City of Austin	
Principal occu	Contributor address; City; State; Zip Code Austin, TX 78721		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 88/135 Rpt: 92/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	Olivarez, Dominique		\$3.00
	6 Contributor address; City; State; Zip Code		1
2 Dringingloggy	Austin, TX 78721		Į
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Olivo, Nicholas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Olivo, Nicholas		\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Orr, John		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/19/2024	Orr, John	/	\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 90/135 Rpt: 94/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	Palmer, Jacob		\$5.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Patterson, Roger		\$4.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	<i>`</i> /
			Amount of Contribution (\$)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$4.50
0//19/2024	Patterson, Roger		ψ <del>+</del> .υι
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Pearson, Kayla		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Pearson, Kayla		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	>\
Medic		City of Austin	<i>''</i>
meano			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 91/135 Rpt: 95/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee P	AC	00053202
4 Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#: Perry, Sean	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u> δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Perry, Sean		\$3.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Phillips, Heather		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Phillips, Heather		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Phillips, Kyle		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 92/135 Rpt: 96/141
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#: Phillips, Kyle	)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Pizzonia, Alexander		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Pizzonia, Alexander		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Plewacki, Thomas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Plewacki, Thomas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
		1	

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

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 94/135 Rpt: 98/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee P	AC	00053202
4 Date 07/19/2024	5 Full name of contributor out-of-state PAC (ID#: Powers, Kristy	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$2.50</li></ul>
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/05/2024			\$2.00
			•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Price, Amber	/	\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Pruiett, Cayden		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$3.00
0//19/2024			φ <b>υ.</b> υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>''</i>

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 95/135 Rpt: 99/141	
2 FILER NAME		:	3 Filer ID (Ethics Commission File	ers)
Austin Travis County Emergency Medical Services Employee PAC			00053202	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
07/05/2024	Puckett, James			\$2.30
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/19/2024	Puckett, James			\$2.30
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor 🛛 out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	1			
07/05/2024	Pursley, Shaun			\$2.00
07/05/2024				\$2.00
07/05/2024				\$2.00
07/05/2024	Contributor address; City; State; Zip Code			\$2.00
	Contributor address; City; State; Zip Code Austin, TX 78721			\$2.00
Principal occu	Contributor address; City; State; Zip Code	Employer (See Instructions)		\$2.00
Principal occu Medic	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)		1	\$2.00
Principal occu Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions)	Amount of Contribution (\$)	
Principal occu Medic	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun	Employer (See Instructions)	Amount of Contribution (\$)	\$2.00
Principal occu Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions)	Amount of Contribution (\$)	
Principal occu Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun	Employer (See Instructions)	Amount of Contribution (\$)	
Principal occu Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun	Employer (See Instructions)	Amount of Contribution (\$)	
Principal occu Medic Date 07/19/2024	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	
Principal occu Medic Date 07/19/2024	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	
Principal occu Medic Date 07/19/2024 Principal occu	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Principal occu Medic Date 07/19/2024 Principal occu Medic	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	
Principal occu Medic Date 07/19/2024 Principal occu Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Pursley, Shaun       Contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Pursley, Shaun       Contributor address; City; State; Zip Code         Austin, TX 78721       out-of-state PAC (ID#:_         Pation / Job title (See Instructions)       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$2.00
Principal occu Medic Date 07/19/2024 Principal occu Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Pursley, Shaun       contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Quiroz Mendez, Jesus       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$2.00
Principal occu Medic Date 07/19/2024 Principal occu Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Pursley, Shaun       contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Quiroz Mendez, Jesus       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$2.00
Principal occu Medic Date 07/19/2024 Principal occu Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Pursley, Shaun       contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Quiroz Mendez, Jesus       out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$2.00
Principal occu Medic Date 07/19/2024 Principal occu Medic Date 07/05/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Pursley, Shaun       contributor address; City; State; Zip Code         Austin, TX 78721       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Quiroz Mendez, Jesus       contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$) Amount of Contribution (\$)	\$2.00

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 96/135 Rpt: 100/141
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	is County Emergency Medical Services Employee P.	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024			\$3.00
	6 Contributor address; City; State; Zip Code		1
C. D. Starting Lagon	Austin, TX 78721		Į
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
		-	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024			\$13.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
07/19/2024		/	\$13.00
	Contributor address; City; State; Zip Code		· · · ·
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Ramirez, Alexandra		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Drincinal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	~\
Medic		City of Austin	3)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Ramos, Duane	)	Amount of Contribution (\$) \$3.00
0110312024	· · · · · · · · · · · · · · · · · · ·		ψυ.υι
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	

Austin Travis County Emergency Medical Services Employee PAC     00053202				
Austin Travis County Emergency Medical Services Employee PAC       00053202         Date 07/19/2024       § Full name of contributor on uncertaine PAC (DU Austin, TX 78721       7 Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$9.50         Date 07/05/2024       Full name of contributor on uncertaine PAC (DU Austin, TX 78721       Amount of Contribution (\$) \$9.50         Principal occupation / Job title (See Instructions) Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$9.50         O7/05/2024       Full name of contributor on uncertaine PAC (DU Austin, TX 78721       Amount of Contribution (\$) \$9.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$9.50         O7/19/2024       Full name of contributor on uncertaine PAC (DU Rasmussen, Nathan Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$9.50         O7/19/2024       Full name of contributor on uncertaine PAC (DU Austin, TX 78721       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date 07/19/2024       Full name of contributor Rasmussen, Rebecca Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.00	The Instruc	ction Guide explains how to complete this f	form.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         Date 07/19/2024       § Full name of contributor on uncertaine PAC (DU Austin, TX 78721       7 Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       9 Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$9.50         Date 07/05/2024       Full name of contributor on uncertaine PAC (DU Austin, TX 78721       Amount of Contribution (\$) \$9.50         Principal occupation / Job title (See Instructions) Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$9.50         O7/05/2024       Full name of contributor on uncertaine PAC (DU Austin, TX 78721       Amount of Contribution (\$) \$9.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$9.50         O7/19/2024       Full name of contributor on uncertaine PAC (DU Rasmussen, Nathan Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$9.50         O7/19/2024       Full name of contributor on uncertaine PAC (DU Austin, TX 78721       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date 07/19/2024       Full name of contributor Rasmussen, Rebecca Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.00	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
07/19/2024       Ramos, Duane       \$\$3.00         6       Contributor address; City, State; Zip Code		County Emergency Medical Services Employee P		
i       Contribution address: City, State; Zip Code         Austin, TX 78721       Employer (See Instructions) City of Austin         Date       Full name of contributor         07/05/2024       Rasmussen, Nathan         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         7/10/2024       Full name of contributor         Austin, TX 78721       Chron-of-state PAC (IDE)         Principal occupation / Job title (See Instructions)       City of Austin         O7/05/2024       Full name of contributor       out-of-state PAC (IDE)         OT/19/2024       Full name of contributor       out-of-state PAC (IDE)         O7/19/2024       Full name of contributor       out-of-state PAC (IDE)         Ortification / Job title (See Instructions)       Employer (See Instructions)       S9.50         O7/19/2024       Rasmussen, Nathan       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         O7/19/2024       Full name of contributor       out-of-state PAC (IDE)       City of Austin         Date       O7/05/2024       Full name of contributor       out-of-state PAC (IDE)       City of Austin         Date       O7/05/2024       Full name of contributor       out-of-state PAC (IDE)       City of Austin         Principal occupation / Job titite (See Instructions) <td>4 Date</td> <td>5 Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>7 Amount of Contribution (\$)</td>	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address: City: State; Zip Code         Austin, TX 78721       9         1       Principal occupation / Job title (See Instructions) Medic       9         Date 07/05/2024       Full name of contributor Rasmussen, Nathan Contributor address; City: State; Zip Code       Amount of Contribution (S) S9.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S) S9.50         Principal occupation / Job title (See Instructions) Medic       Full name of contributor address; City: State; Zip Code       Amount of Contribution (S) S9.50         O7/19/2024       Full name of contributor address; City: State; Zip Code       Amount of Contribution (S) S9.50         O7/19/2024       Full name of contributor address; City: State; Zip Code       Amount of Contribution (S) S9.50         O7/19/2024       Full name of contributor address; City: State; Zip Code       Amount of Contribution (S) Contributor address; City: State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (S) S3.00         O7/05/2024       Full name of contributor address; City: State; Zip Code       Amount of Contribution (S) City of Austin         Principal occupation / Job title (See Instructions) City of Austin       Amount of Contribution (S) City of Austin       S3.00         O7/19/2024       Full name of c	07/19/2024			\$3.00
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Medic       City of Austin         Date 07/05/2024       Full name of contributor out-of-state PAC (DP:			<u> </u>	
Date       Full name of contributor       out-of-state PAC (ID#:		pation / Job title (See Instructions)		)
07/05/2024       Rasmussen, Nathan       \$9.50         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor address; City, State; Zip Code         07/19/2024       Rasmussen, Nathan         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         07/19/2024       Rasmussen, Nathan         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:	Medic		City of Austin	
Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:		Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         City of Austin       City of Austin         Date       Full name of contributor       out-of-state PAC (D#:	07/05/2024			\$9.50
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Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Rasmussen, Nathan       \$9.50         Contributor address; City; State; Zip Code       Austin, TX 78721       \$9.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Rasmussen, Rebecca       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       <				-
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07/19/2024       Rasmussen, Nathan       \$9.50         Contributor address; City, State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City, State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#:	Meaic			
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Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#)         07/05/2024       Rasmussen, Rebecca       Amount of Contribution (\$)         07/05/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#	07/19/2024			\$9.50
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Ort/05/2024       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       33.00         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Ort/05/2024       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       33.00         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Ort/05/2024       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Auctin TX 78721		
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Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         O7/19/2024       Full name of contributor         Rasmussen, Rebecca       City of Austin         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				)
07/05/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (D#:)         07/19/2024       Rasmussen, Rebecca       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (D#:)         07/19/2024       Rusmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			<u> </u>	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Or/19/2024         Rasmussen, Rebecca         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Gripping address         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			)	
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Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       State; Zip Code         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)	Principal occur		Employer (See Instructions)	·)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Rasmussen, Rebecca       \$3.00         Contributor address; City; State; Zip Code       4         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				,
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Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			/	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
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		Austin, TX 78721		
Medic City of Austin	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	······································
	Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 98/135 Rpt: 102/141
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024			\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
07/19/2024	Rattan, MaKena		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Rawn, Madison		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Rawn, Madison		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Reader, Robert		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 99/135 Rpt: 103/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	07/19/2024 Reader, Robert		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۱)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Redd, Kevin		\$1.30
	Contributor address; City; State; Zip Code		
Dringing ago	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
			Amount of Contribution (ft)
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Redd, Kevin	)	Amount of Contribution (\$) \$1.30
0111312024	Contributor address; City; State; Zip Code		ψ1.50
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Reffell, Kelaiah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Reffell, Kelaiah		\$3.00
	Contributor address; City; State; Zip Code		
	Auctin TV 70721		
Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 100/135 Rpt: 104/141
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Regier, Natalie		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>)</u>
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/05/2024	Reilly, Susanna	/	\$3.00
01100.202	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Reilly, Susanna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	apation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/05/2024	Remus, Hannah	)	\$3.00
01100/2021	Contributor address; City; State: Zip Code		
	Contributor address, ony, state, 21, source		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 101/135 Rpt: 105/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/19/2024	Remus, Hannah		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Reyes, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Reyes, Christopher Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Rice, Larry		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
07/19/2024	Rice, Larry	/	\$2.00
01/10/2021	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	.) ;)
Medic		City of Austin	,

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 102/135 Rpt: 106/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/05/2024	Richter, Lauren		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Richter, Lauren		\$3.00
	Contributor address; City; State; Zip Code		
Di lastare	Austin, TX 78721		、
	pation / Job title (See Instructions)	Employer (See Instructions)	.)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Risinger, Russell Contributor address; City; State; Zip Code		\$2.00
	Austin, TX 78721		
Dringing occur	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Risinger, Russell		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/05/2024	Rivera, Nathaniel	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	E 3)
Medic		City of Austin	

on Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 103/135 Rpt: 107/141
		<b>3</b> Filer ID (Ethics Commission Filers)
ounty Emergency Medical Services Employee P/		00053202
Full name of contributor out-of-state PAC (ID#:	) 7	7 Amount of Contribution (\$)
Rivera, Nathaniel		\$3.00
Contributor address; City; State; Zip Code		
-		
Austin, TX 78721		
on / Job title (See Instructions)		
	City of Austin	
Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Rocha, Andrea		\$3.00
Contributor address; City; State; Zip Code		
on / Job title (See Instructions)		
	City of Austin	
Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Rocha, Andrea		\$3.00
Contributor address; City; State; Zip Code		
Auctin TY 78721		
	Employer (See Instructions)	
	)	Amount of Contribution (\$) \$2.50
-		\$2.50
Contributor address; City; State; Zip Code		
Austin, TX 78721		
ion / Job title (See Instructions)	Employer (See Instructions)	
, , ,		
	City of Austin	
Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Full name of contributor out-of-state PAC (ID#:_ Rodgers, Jared	)	Amount of Contribution (\$) \$2.50
Rodgers, Jared	)	
Contributor address; City; State; Zip Code	)	\$2.50
	Full name of contributor out-of-state PAC (ID#:_   Rivera, Nathaniel	ounty Emergency Medical Services Employee PAC         Full name of contributor       out-of-state PAC (ID#;)         Rivera, Nathaniel

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 104/135 Rpt: 108/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Rodriguez, Andrew		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Rodriguez, Andrew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Rodriguez, Giovanni		\$3.00
	Contributor address; City; State; Zip Code		
= : : .l	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions)	)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Rodriguez, Giovanni		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
			Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Roe, Lillian	)	Amount of Contribution (\$) \$3.00
0110312024			ψυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ð
Medic		City of Austin	)

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 105/135 Rpt: 109/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- is County Emergency Medical Services Employee P/	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Roe, Lillian		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		<u> </u>
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024		/	\$1.30
01/00.202			
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$1.30
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Rogers, Wesley		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	<u>.</u>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drizoinal agai	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	3)
WEUL		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 106/135 Rpt: 110/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Romo, Jodeci		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	-
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Romo, Jodeci		\$3.00
	Contributor address; City; State; Zip Code		1
<b>-</b> : : .1	Austin, TX 78721	1 <u> </u>	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	5)
		City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Rose, Donald		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b>1</b> 5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Rose, Donald		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/05/2024	Rutledge, Lindsey	/	\$2.50
	Contributor address; City; State: Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		•	

The Instruc	tion Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 107/135 Rpt: 111/141	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee Pa		00053202	0.0,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
07/19/2024	Rutledge, Lindsey			\$2.50
ľ	6 Contributor address; City; State; Zip Code			
	• •			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/05/2024	Salmeron, Alejandro			\$3.00
ŀ	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/19/2024	Salmeron, Alejandro			\$3.00
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code	Employer (See Instructions)		
Principal occup Medic	Contributor address; City; State; Zip Code Austin, TX 78721			
	Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024 Principal occup	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions)	Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions) City of Austin )	Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024 Principal occup	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721	Employer (See Instructions) City of Austin ) ) Employer (See Instructions) City of Austin	Amount of Contribution (\$) Amount of Contribution (\$)	\$3.00
Medic Date 07/05/2024 Principal occup Medic	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Gandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)	Employer (See Instructions) City of Austin ) ) Employer (See Instructions) City of Austin		\$3.00
Medic Date 07/05/2024 Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_	Employer (See Instructions) City of Austin ) ) Employer (See Instructions) City of Austin		
Medic Date 07/05/2024 Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Sandoval Ruano, Edward	Employer (See Instructions) City of Austin ) ) Employer (See Instructions) City of Austin		
Medic Date 07/05/2024 Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions) City of Austin		
Medic Date 07/05/2024 Principal occup Medic Date	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Sandoval Ruano, Edward	Employer (See Instructions) City of Austin ) ) Employer (See Instructions) City of Austin		
Medic Date 07/05/2024 Principal occup Medic Date 07/19/2024	Contributor address; City; State; Zip Code          Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code         Austin, TX 78721         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Sandoval Ruano, Edward         Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin ) ) Employer (See Instructions) City of Austin		

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 108/135 Rpt: 112/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Santiago, Sabrina		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	() ;)
Medic	panon / / / /	City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Santiago, Sabrina		\$3.00
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Scamman, Alexis		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Scamman, Alexis		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Schickel, Matthew		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	<i>)</i> )
Medic		City of Austin	

The Instruct	ion Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 109/135 Rpt: 113/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee P		00053202
4 Date 5	Full name of contributor out-of-state PAC (ID#:_	) 7	7 Amount of Contribution (\$)
07/19/2024	Schickel, Matthew		\$5.00
6	Contributor address; City; State; Zip Code		
	-		
	Austin, TX 78721		
	ation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Schulz, Douglas		\$1.30
···	Contributor address; City; State; Zip Code		
	-		
	Austin, TX 78721		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Schulz, Douglas		\$1.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Schutt, Kyle		\$1.00
	Contributor address; City; State; Zip Code		
		I	
	Austin, TX 78721		
	Austin, TX 78721 ation / Job title (See Instructions)	Employer (See Instructions)	
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Medic Date	ation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)
Medic	ation / Job title (See Instructions)	City of Austin)	
Medic Date	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin)	Amount of Contribution (\$)
Medic Date	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin)	Amount of Contribution (\$)
Medic Date	Ation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	City of Austin)	Amount of Contribution (\$)
Medic Date 07/19/2024	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Schutt, Kyle Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$) \$1.00
Medic Date 07/19/2024	Ation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	City of Austin)	Amount of Contribution (\$) \$1.00

6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributor       out-of-state PAC (ID#				
Austin Travis         County Emergency Medical Services Employee PAC         00053202           4         Date 07/05/2024         5         Entin nume of contributor         out-of-state PAC (DP:	The Instru	ction Guide explains how to complete this f	form.	, ,
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date 07/05/2024              Full name of contributor out-of-state PAC (IDP) Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Employer (See Instructions) City of Austin              7 Amount of Contribution (\$) Scott, Austin              7 Employer (See Instructions) City of Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin              7 Amount of Contribution (\$) Scott, Austin              7 Scott, Austin	2 FILER NAME			
07/05/2024       Scott, Austin       Scott, Austin       State       State <td< td=""><td></td><td></td><td>AC</td><td></td></td<>			AC	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$) Scott, Austin         07/19/2024       Scott, Austin       Contributor address; City; State; Zip Code       Amount of Contribution (\$) Scott, Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Full name of contributor       out-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Austin, TX 78721 <ul> <li>Principal occupation / Job title (See Instructions)</li> <li>City of Austin</li> </ul> Date       Full name of contributor       out-of-state PAC (ID#	07/05/2024			\$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 out-of-state PAC (ID#:) Scott, Austin       Amount of Contribution (\$)         07/19/2024       Full name of contributor       Scott, Austin       Amount of Contribution (\$)         07/19/2024       Scott, Austin       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:) Sediilo, Gabriel       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/05/2024       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       State; Zip Code         07/19/2024       Full name of contributor out-of-state PAC (ID#:) Sediilo, Gabriel       Amount of Contribution (\$)         07/19/2024       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       State; Zip Code         07/05/2024       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       State; Zip Code				1
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Scott, Austin       Amount of Contribution (\$)         07/19/2024       Full name of contributor       Scott, Austin       Amount of Contribution (\$)         07/19/2024       Scott, Austin       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:) Sediilo, Gabriel       Amount of Contribution (\$)         07/05/2024       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       \$3.1         07/05/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/19/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/19/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/05/2024       Full name of contributor				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Scott, Austin       Amount of Contribution (\$)         Orringuation / Job title (See Instructions) Medic       Contributor address; City; State; Zip Code       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Secililo, Gabriel Austin, TX 78721       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor		Austin. TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         07/19/2024       Scott, Austin       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         07/05/2024       Sedillo, Gabriel       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$) <t< td=""><td>8 Principal occu</td><td></td><td>9 Employer (See Instructions</td><td><u> </u> \$)</td></t<>	8 Principal occu		9 Employer (See Instructions	<u> </u> \$)
07/19/2024       Scott, Austin				,
07/19/2024       Scott, Austin	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor	07/19/2024			\$3.00
Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Sedillo, Gabriel       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Oate       Full name of contributor out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Or/19/2024       Sedillo, Gabriel       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contrib				1
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Sectillo, Gabriel       Amount of Contribution (\$) Sectillo, Gabriel       \$3.0         07/05/2024       Sectillo, Gabriel       Sectillo, Gabriel       \$3.0         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$3.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.0         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.0         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.0         Date       Full name of contributor				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Sedillo, Gabriel       Amount of Contribution (\$)         07/05/2024       Sedillo, Gabriel       \$3.0         O7/05/2024       Sedillo, Gabriel       \$3.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$3.0         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$) <td></td> <td></td> <td></td> <td> </td>				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Sedillo, Gabriel		Austin, TX 78721		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Sedillo, Gabriel       \$3.1         O7/05/2024       Sedillo, Gabriel       \$\$3.1         Contributor address; City; State; Zip Code       \$\$3.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Sedillo, Gabriel       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contributions)       \$\$3.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$3.1         Medic       Contributor address; City; State; Zip Code       City of Austin       \$\$3.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$3.1         Medic       City of Austin       City of Austin       \$\$3.1         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Shelton-Collins, Marcus       \$3.1		upation / Job title (See Instructions)		\$)
07/05/2024       Sedillo, Gabriel       \$3.1         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       Sedillo, Gabriel       Amount of Contribution (\$)         Sedillo, Gabriel       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.1         Medic       Contributor address; City; State; Zip Code       City of Austin       \$3.1         Date       Full name of contributor       out-of-state PAC (ID#:	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         001/19/2024         Sedillo, Gabriel         Contributor address; City; State; Zip Code         Austin, TX 78721         Amount of Contribution (\$)         Sedillo, Gabriel         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Medic         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:	Date		)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       Sedillo, Gabriel       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Shelton-Collins, Marcus       Amount of Contribution (\$)	07/05/2024			\$3.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Sedillo, Gabriel       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Date       Full name of contributor         Out-of-state PAC (ID#:)       Amount of Contribution (\$)         Of/05/2024       Shelton-Collins, Marcus       \$3.0				]
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/19/2024       Sedillo, Gabriel         Contributor address; City; State; Zlp Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zlp Code         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Shelton-Collins, Marcus				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/19/2024       Sedillo, Gabriel         Contributor address; City; State; Zlp Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zlp Code         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Shelton-Collins, Marcus		Auctin TY 79721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Sedillo, Gabriel	Drincinal occu		Employer (See Instructions	~\
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Sedillo, Gabriel       \$3.0         Contributor address; City; State; Zip Code       \$3.0         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Shelton-Collins, Marcus       \$3.0				>)
07/19/2024       Sedillo, Gabriel       \$3.0         Contributor address; City; State; Zip Code       \$3.0         Austin, TX 78721       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.0         07/05/2024       Shelton-Collins, Marcus				Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         07/05/2024         Shelton-Collins, Marcus			)	
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic     Employer (See Instructions) City of Austin       Date     Full name of contributor out-of-state PAC (ID#:) O7/05/2024     Amount of Contribution (\$) Shelton-Collins, Marcus	01113/2024			
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       07/05/2024     Shelton-Collins, Marcus		Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       07/05/2024     Shelton-Collins, Marcus				
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/05/2024     Shelton-Collins, Marcus     \$3.0		Austin, TX 78721		
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/05/2024     Shelton-Collins, Marcus     \$3.0	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
07/05/2024 Shelton-Collins, Marcus \$3.0	Medic		City of Austin	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code	07/05/2024	Shelton-Collins, Marcus		\$3.00
		Contributor address; City; State; Zip Code		1
Austin, TX 78721				<u> </u>
Principal occupation / Job title (See Instructions) Employer (See Instructions)		upation / Job title (See Instructions)		\$)
Medic City of Austin	Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 111/135 Rpt: 115/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Shelton-Collins, Marcus		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Sircher, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	6)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b> </b>
Medic		City of Austin	, ,
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Sklar, Estelle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Sklar, Estelle		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drincinal occu	Austin, TX 78721	Employer (See Instructions	
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Medic			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 112/135 Rpt: 116/141
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
07/05/2024 Slattery, Christian	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
	nployer (See Instructions)
	ty of Austin
Date Full name of contributor out-of-state PAC (ID#:	
07/19/2024 Slattery, Christian	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	nployer (See Instructions)
	ty of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/05/2024 Sletten, Spencer	) Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	nployer (See Instructions)
Medic Cit	ty of Austin
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/19/2024 Sletten, Spencer	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	nployer (See Instructions) ty of Austin
Date Full name of contributor out-of-state PAC (ID#: 07/05/2024 Smith, Anthony	) Amount of Contribution (\$) \$2.50
· · · · · · · · · · · · · · · · · · ·	ψ2.50
Contributor address; City; State; Zip Code	
Austin, TX 78721	
	nployer (See Instructions)
Principal occupation / Job title (See Instructions) Em	
	ty of Austin

The Instrue	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 113/135 Rpt: 117/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Smith, Anthony		\$2.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Smith, Ashlyn		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<i></i>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Smith, Ashlyn		\$3.00
	Contributor address; City; State; Zip Code		
	-		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	.)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Smith, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Smith, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 114/135 Rpt: 118/141	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
		s County Emergency Medical Services Employee PA	ΥC		00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/05/2024	Soto, Darae				\$3.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Medic		City of Austin	-,		
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	07/19/2024	Soto, Darae				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721		Ĺ		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢2 00
	07/05/2024	Stec, Ryan		•		\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/19/2024	Stec, Ryan				\$3.00
		Contributor address; City; State; Zip Code		]		
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic		City of Austin			
	Date Full name of contributor out-of-state PAC (ID#:)		Γ	Amount of Contribution (\$)		
	07/05/2024	Stedman, Christina				\$5.00
		Contributor address; City; State; Zip Code		1		
		August TV 70701				
	Principal occu	Austin, TX 78721	Employer (Soo Instructions	<u> </u>		
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Medie					

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 115/135 Rpt: 119/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Stedman, Christina		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		1
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Stephens, Eric		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u> </u>	1
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Stephens, Eric		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Stevens, Mitchell		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 79721		
Dringing Loogu	Austin, TX 78721	Employer (Cap Instructions)	<u></u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Stevens, Mitchell		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u>
Medic		City of Austin	)
MEdic			

The Instrue	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 116/135 Rpt: 120/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Stowe, Richard		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>)</i> )
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Stowe, Richard		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	<b>)</b>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Stubbs, Brian		\$2.50
	Contributor address; City; State; Zip Code		
<b>T</b> 1 1 1 1 1 1 1 1	Austin, TX 78721	1 <u> </u>	
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions	)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ;)
Medic	,	City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/05/2024	Swanner, Emily	/	\$3.00
01100.222	Contributor address; City; State; Zip Code		·
	Contributor address, Gity, State, Eip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	()
Medic		City of Austin	,

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 117/135 Rpt: 121/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Swanner, Emily		\$3.00
I	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Swift, Patrick		\$3.00
I	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Swift, Patrick		\$3.00
I	Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	<del>.</del>
Date		)	Amount of Contribution (\$)
07/05/2024	Tait, Grant		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Tait, Grant		\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 118/135 Rpt: 122/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Tarrillion, Matthew		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	() ()
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/19/2024	Tarrillion, Matthew	/	\$5.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Tekamp, Austin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Tekamp, Austin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 79721		
Dringing ogg	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Thomas, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	,

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 119/135 Rpt: 123/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	'AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Thomas, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721	<u> </u>	-
	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)
Medic	<u>.                                    </u>	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024			\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	)
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 07/19/2024		)	Amount of Contribution (\$) \$2.00
0771972024			φ2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/05/2024	Thompson, Garner		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Thompson, Garner		\$1.00
	Contributor address; City; State; Zip Code		
	Austin TV 79701		
Dringingloggy	Austin, TX 78721	Employer (See Instructions	
Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	•)
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The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 120/135 Rpt: 124/141	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	s County Emergency Medical Services Employee P	'AC	00053202	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/05/2024	Thornton, Nichole			\$3.00
	6 Contributor address; City; State; Zip Code			
<ol> <li>D in simplification</li> </ol>	Austin, TX 78721		<u></u>	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)	
		-	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/19/2024				\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Medic		City of Austin	"	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Thornton, Sarah	)		\$2.00
0110312027				Ψ2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/19/2024	Thornton, Sarah			\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/05/2024	Todd, Joshua		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Medic		City of Austin	')	

Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date 07/19/2024       5       Full name of contributor       out-of-state PAC (ID#:				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date 07/19/2024       5       Full name of contributor       out-of-state PAC (ID#:	2 FILER NAME	tion Guide explains how to complete	e this form.	
Austin Travis County Emergency Medical Services Employee PAC       00053202         4       Date 07/19/2024       5       Full name of contributor       out-of-state PAC (ID#:				<b>3</b> Filer ID (Ethics Commission Filers)
07/19/2024       Todd, Joshua	Austin Travis	County Emergency Medical Services Empl	oyee PAC	
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor       out-of-state PAC (ID# Austin, TX 78721       Amount of Contribution (\$)         Principal occuration / Job title (See Instructions) Medic       Toole, Garrett       Amount of Contribution (\$)         07/05/2024       Toole, Garrett       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occuration / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code       Austin, TX 78721         8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         07/05/2024       Toole, Garrett       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)         O7/19/2024       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)         O7/19/2024       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)	07/19/2024			\$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 out-of-state PAC (ID#:) Toole, Garrett       Amount of Contribution (\$)         Or/Instructions       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributorout-of-state PAC (ID#:) Toole, Garrett       Amount of Contribution (\$)         Or/Instruction       State; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:) Toole, Kaytlyn       Amount of Contribution (\$)				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:) Toole, Garrett       Amount of Contribution (\$)         Or/Instructions       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date 07/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)		A		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Toole, Garrett       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributors; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:	Principal occur		a Employer (See Instruction	
07/05/2024       Toole, Garrett				
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       Toole, Garrett       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78721       Amount of Contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         O7/05/2024       Toole, Kaytlyn	Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:) Toole, Garrett         07/19/2024       Full name of contributor       out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/05/2024       Full name of contributor       out-of-state PAC (ID#:)	07/05/2024			\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Toole, Garrett       Amount of Contribution (\$)         07/19/2024       Toole, Garrett       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Toole, Kaytlyn       Amount of Contribution (\$)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/19/2024       Toole, Garrett         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Toole, Garrett       Amount of Contribution (\$)         07/19/2024       Toole, Garrett       Contributor address; City; State; Zip Code         Austin, TX 78721       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Toole, Kaytlyn       Amount of Contribution (\$)				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Toole, Garrett       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Toole, Kaytlyn       Amount of Contribution (\$)				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Toole, Garrett       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)		pation / Job title (See Instructions)		ins)
07/19/2024       Toole, Garrett         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         01/05/2024         Full name of contributor         01/05/2024			^AC (ID#:)	
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Medic       Date       Full name of contributor       01/05/2024       Toole, Kaytlyn	07/19/2024			\$3.00
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       07/05/2024     Toole, Kaytlyn		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       07/05/2024     Toole, Kaytlyn				
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       07/05/2024     Toole, Kaytlyn		Δustin TX 78721		
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/05/2024     Toole, Kaytlyn     Image: Contribution of Contribution (S)	Principal occur		Emplover (See Instructic	(201
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/05/2024     Toole, Kaytlyn				
07/05/2024 Toole, Kaytlyn	Medic		City of Austin	
		Full name of contributor		Amount of Contribution (\$)
	Date			
	Date	Toole, Kaytlyn	PAC (ID#:)	Amount of Contribution (\$) 
	Date	Toole, Kaytlyn	PAC (ID#:)	
Austin, TX 78721	Date	Toole, Kaytlyn	PAC (ID#:)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Toole, Kaytlyn Contributor address; City; State; Zip Code	PAC (ID#:)	
Medic City of Austin	Date 07/05/2024	Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)	\$3.00
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	Date 07/05/2024 Principal occup	Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:) Employer (See Instructio	\$3.00
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Austin, TX 78721	Date 07/05/2024 Principal occu Medic Date	Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state P. Toole, Kaytlyn Contributor address; City; State; Zip Code	PAC (ID#:) Employer (See Instructio City of Austin	Amount of Contribution (\$)
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Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin	Date 07/05/2024 Principal occur Medic Date 07/19/2024 Principal occur	Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state P. Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:) Employer (See Instructio City of Austin PAC (ID#:) Employer (See Instructio	Amount of Contribution (\$) \$3.00 \$3.00
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 122/135 Rpt: 126/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Torres, Gil		\$5.00
	6 Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721	1	-
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date		)	Amount of Contribution (\$)
07/19/2024	Torres, Gil		\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 79721		
Dringinglasse	Austin, TX 78721		
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date		)	Amount of Contribution (\$)
07/05/2024	Torrez, Ernest		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	»)
Date 07/19/2024		)	Amount of Contribution (\$)
0111912024	Torrez, Ernest		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Tran, Si	/	\$3.00
-	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

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2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	County Emergency Medical Services Employee PA		00053202
07/19/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#:_ Tran, Si</li> <li>Contributor address: City: State: Zip Code</li> </ul>		<ul><li>7 Amount of Contribution (\$)</li><li>\$3.00</li></ul>
	<ul> <li>6 Contributor address; City; State; Zip Code</li> <li>Austin, TX 78721</li> </ul>		
8 Principal occup Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Traxel, Joshua	/	\$3.00
0110312027			ψ0.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Traxel, Joshua		\$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Trojanowski, Mark		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
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Medic	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark		
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Medic Date	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark		Amount of Contribution (\$)
Medic Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3.00

Austin Travis County Emergency Medical Services Employee PAC     00053202				
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Austin Travis County Emergency Medical Services Employee PAC       00053202         I Date       5 Full name of contribution       out-of-state PAC. (Date       7         Austin, TX 78721       6       Contribution address; City: State; Zip Code       7         Austin, TX 78721       9       Employer (See Instructions)       8         Medic       Out-of-state PAC. (Date       City of Austin         Date       Full name of contributor       out-of-state PAC. (Date       Amount of Contribution (\$)         O7/19/2024       Full name of contributor       out-of-state PAC. (Date       Amount of Contribution (\$)         O7/19/2024       Full name of contributor       out-of-state PAC. (Date       Amount of Contribution (\$)         O7/19/2024       Van Treese, Taylor       Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         O7/05/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (\$)         O7/19/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (\$)         O7/19/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (\$)         O7/19/2024       Full name of	2 FILER NAME			
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Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/19/2024       Van Treese, Taylor       \$3.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state P		ipation / Job title (See Instructions)		)
07/19/2024       Van Treese, Taylor       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:	Medic			
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (IDE:         07/05/2024       VanZandt, Donovan       Amount of Contribution (\$)         07/05/2024       Austin, TX 78721       Amount of Contributions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (IDE:       S5.00         07/19/2024       VanZandt, Donovan       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions) City of Austin         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (\$)      <			)	
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Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date 07/05/2024       Full name of contributor VanZandt, Donovan Contributor address; City, State; Zip Code       Amount of Contribution (\$) \$5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) Contributor address; City, State; Zip Code       Amount of Contribution (\$) \$5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$5.00         Date 07/19/2024       Full name of contributor VanZandt, Donovan Contributor address; City, State; Zip Code       Amount of Contribution (\$) \$5.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$3.00         Date 07/05/2024       Full name of contributor Vargas, Eric Contributor address; City, State; Zip Code Austin, TX 78721       Amount of Contribution (\$) \$3.00         Principal occupation / Job title (See Instructions)       \$3.00         Contributor address; City, State; Zip Code Austin, TX 78721       Amount of Contribution (\$) Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
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07/05/2024       VanZandt, Donovan       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#;)         Amount of Contribution (\$)       \$5.00         O7/19/2024       VanZandt, Donovan         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor	Medic			
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         07/19/2024       VanZandt, Donovan       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:         O7/05/2024       Vargas, Eric.       City of Austin         O7/05/2024       Vargas, Eric.       Amount of Contribution (\$)         Q7/05/2024       Vargas, Eric.       \$3.00         Austin, TX 78721       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00			)	
Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       VanZandt, Donovan       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S5.00         Medic       Contributor	07/05/2024			\$5.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       VanZandt, Donovan       Amount of Contribution (\$)         O7/19/2024       VanZandt, Donovan       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         O7/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Austin, TX 78721       Full name of contributors)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       VanZandt, Donovan       Amount of Contribution (\$)         O7/19/2024       VanZandt, Donovan       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         O7/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Austin, TX 78721       Full name of contributors)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       VanZandt, Donovan       Amount of Contribution (\$)         O7/19/2024       VanZandt, Donovan       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         O7/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Austin, TX 78721       Full name of contributors)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00		Austin TV 70701		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       VanZandt, Donovan       \$5.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       Employer (See Instructions)       State PAC (ID#:	Dringing occu		Employer (See Instructions	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       VanZandt, Donovan       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         O7/05/2024       Full name of contributor         Vargas, Eric       Contributor address; City; State; Zip Code         Austin, TX 78721       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				·)
07/19/2024       VanZandt, Donovan       \$5.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         S3.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00			<u> </u>	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         Vargas, Eric         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Vargas, Eric       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	0//19/2024	·		ຈວ.ບເ
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       Vargas, Eric         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       Vargas, Eric         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/05/2024       Vargas, Eric         Contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Austin, TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Vargas, Eric       \$3.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       \$3.00         Austin, TX 78721       Employer (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions	() ;)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Vargas, Eric       \$3.00         Contributor address; City; State; Zip Code       \$4000000000000000000000000000000000000				,
07/05/2024       Vargas, Eric       \$3.00         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date			Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			/	.,
Austin, TX 78721       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	01100.222			
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Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78721		
Medic City of Austin	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	i)
	Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 125/135 Rpt: 129/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Vargas, Eric		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	I)	Amount of Contribution (\$)
07/05/2024			\$3.00
			1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024			\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Dringing oog	Austin, TX 78721		
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	· · · · · · · · · · · · · · · · · · ·		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.                                    </u>	Amount of Contribution (\$)
07/19/2024	Villalobos, Ana		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 126/135 Rpt: 130/141
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024	Voelker, Jaime		\$3.00
	6 Contributor address; City; State; Zip Code		1
Dringingloogu	Austin, TX 78721		
Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	;) ;
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Voelker, Jaime		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic	<u> </u>	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Wadham, Gary		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic	<u> </u>	City of Austin	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Ward, Christopher		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	, ,

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 127/135 Rpt: 131/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Ward, Christopher		\$2.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۵)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Watanabe-O'Toole, Nicholas		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Watanabe-O'Toole, Nicholas		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringinal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	»)
			Amount of Contribution (\$)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$3.00
0110312024	Weber, Wyatt		ψο.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Weber, Wyatt		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

6       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         7/19/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         9       Fincipal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.00         Medic       Contributor address; City; State; Zip Code       City of Austin       S3.00         07/05/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         Medic       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         Medic       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state				
Austin Travis County Emergency Medical Services Employee PAC       00053202         4 Date       5 Full name of contributor       out-of-state PAC (ID#	The Instrue	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC         00053202           4 Date 07/05/2024         5 Full name of contributor out-of-state PAC (ID#)         7 Amount of Contribution (\$) 33.00           7 Principal occupation / Job title (See Instructions) Medic         9 Employer (See Instructions) City of Austin         7 Amount of Contribution (\$) 33.00           7 Date 07/19/2024         Full name of contributor out-of-state PAC (ID#)         Amount of Contribution (\$) 33.00           7 Date 07/19/2024         Full name of contributor out-of-state PAC (ID#)         Amount of Contribution (\$) 33.00           7 Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin         Amount of Contribution (\$) 33.00           7 Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin         Amount of Contribution (\$) 32.50           7 Date 07/05/2024         Full name of contributor out-of-state PAC (ID#) Medic         Amount of Contribution (\$) 32.50           7 Principal occupation / Job title (See Instructions) Medic         Employer (See Instructions) City of Austin         Amount of Contribution (\$) 32.50           7 Principal occupation / Job title (See Instructions) Medic         Full name of contributor	2 FILER NAME			
07/05/2024       Weil, Skyler       \$3.00         6       Contributor address: City: State; Zip Code       \$3.00         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         07/15/2024       Full name of contributor       out-of-state PAC (Der		S County Emergency Medical Services Employee P		
s       Contributor address; City; State; Zip Code         Austin, TX 78721       9       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Austin, TX 78721       9         Employer (See Instructions) Medic       Full name of contributor         Date       Full name of contributor         0r/19/2024       Weii, Skyler         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         City of Austin         Date         07/05/2024         Full name of contributor         Out-of-state PAC (ID#	07/05/2024			\$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 out-of-state PAC (ID#:) Medic       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         07/05/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributor or out-of-state PAC (ID#:) Medic       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         07/05/2024       Full name of contributor or out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.50         07/05/2024       Full name of contributor or out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.50         07/05/2024       Full name of contributor or out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor or out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor or out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor or out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor or out-of-state PAC (ID#:				
8       Principal occupation / Job title (See Instructions) Medic       9       Employer (See Instructions) City of Austin         Date 07/19/2024       Full name of contributor out-of-state PAC (ID#:) Medic       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$3.00         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         07/05/2024       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.50         07/19/2024       Full name of contributor		Austin TV 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Weil, Skyler       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Medic       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Medic       Contributor address; City; State; Zip Code       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Co	8 Principal occu		9 Employer (See Instructions	<u> </u>
07/19/2024       Weil, Skyler       \$3.00         Contributor address; City, State, Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Weldon, Tyler       \$2.50         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (ID#:				<i>y</i>
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         S2.50         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         City of Austin         Date         O7/19/2024         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         S2.50         O7/19/2024         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         S2.50         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         City of Austin         Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code     Austin, TX 78721       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:	07/19/2024			\$3.00
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Weldon, Tyler       Amount of Contribution (\$) \$2.50         07/05/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) (77/05/2024       Amount of Contribution (\$) Welkley, Justin				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Weldon, Tyler       Amount of Contribution (\$) \$2.50         07/05/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$2.50         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721       Amount of Contribution (\$) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$2.50         Date       Full name of contributor out-of-state PAC (ID#:) 07/05/2024       Amount of Contribution (\$) Welkley, Justin       \$3.00				
Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Weldon, Tyler       Amount of Contribution (\$) \$2.50         07/05/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) (77/05/2024       Amount of Contribution (\$) Welkley, Justin				
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Weldon, Tyler       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       Weldon, Tyler       \$2.50         O7/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Austin, TX 78721       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.00         Medic       Full name of contributor       out-of-state PAC (ID#:				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/05/2024       Weldon, Tyler       \$2.50         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/19/2024       Weldon, Tyler       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Medic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Medic       City of Austin       City of Austin       \$3.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.00         07/05/2024		pation / Job title (See Instructions)		<i>;</i> )
07/05/2024       Weldon, Tyler       \$2.50         Contributor address; City; State; Zip Code       Austin, TX 78721         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Full name of contributor       out-of-state PAC (ID#:)         O7/19/2024       Weldon, Tyler       Amount of Contribution (\$)         07/19/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78721       Amount of Contributions)       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Medic       Contributor address; City; State; Zip Code       City of Austin       \$2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.50         Medic       City of Austin       City of Austin       \$3.00         Date       Full name of contributor	Medic		City of Austin	
Contributor address; City; State; Zip Code         Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date       Full name of contributor         07/19/2024       Full name of contributor         07/19/2024       Full name of contributor         01/19/2024       Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/05/2024       Welkley, Justin       Amount of Contribution (\$)			)	
Austin, TX 78721         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin         Date       Full name of contributor out-of-state PAC (ID#:) Weldon, Tyler       Amount of Contribution (\$) \$2.50         07/19/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$) \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       \$2.50         Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Amount of Contribution (\$) Site (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:) Welkley, Justin       Amount of Contribution (\$) Site (See Instructions)	07/05/2024			\$2.50
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/19/2024       Weldon, Tyler         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/19/2024       Weldon, Tyler         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         07/19/2024       Weldon, Tyler         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78721       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00		Austin TX 78721		
Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Weldon, Tyler       S2.50         Contributor address; City; State; Zip Code       S2.50         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor         07/05/2024       Welkley, Justin	Princinal occu		Employer (See Instructions	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/19/2024       Weldon, Tyler       \$2.50         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         Medic       Full name of contributor       Employer (See Instructions)         City of Austin       City of Austin         Date       Full name of contributor       out-of-state PAC (ID#:)         07/05/2024       Welkley, Justin       Amount of Contribution (\$)				<i>י</i>
07/19/2024       Weldon, Tyler       \$2.50         Contributor address; City; State; Zip Code       \$2.50         Austin, TX 78721       Employer (See Instructions)         Medic       City of Austin         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$3.00         07/05/2024       Welkley, Justin		Eull name of contributor		Amount of Contribution (\$)
Contributor address; City; State; Zip Code          Austin, TX 78721         Principal occupation / Job title (See Instructions)         Medic         Date         Full name of contributor         01/05/2024         Welkley, Justin         \$3.00			)	
Austin, TX 78721       Principal occupation / Job title (See Instructions) Medic       Employer (See Instructions) City of Austin       Date       Full name of contributor       01/05/2024       Welkley, Justin       Amount of Contribution (\$)       \$3.00	01113/2024	-		φ2.30
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       07/05/2024     Welkley, Justin		Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Medic     City of Austin       Date     Full name of contributor out-of-state PAC (ID#:)       07/05/2024     Welkley, Justin				
Medic     City of Austin       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/05/2024     Welkley, Justin     \$3.00		Austin, TX 78721		
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/05/2024     Welkley, Justin     \$3.00	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
07/05/2024 Welkley, Justin \$3.00	Medic		City of Austin	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code	07/05/2024	Welkley, Justin		\$3.00
		Contributor address; City; State; Zip Code		
Austin, TX 78721				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		pation / Job title (See Instructions)		;)
Medic L City of Austin	Medic		City of Austin	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/135 Rpt: 133/141	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/19/2024	Welkley, Justin		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/05/2024	Wesen, Hunter	/	\$3.00
01100/202 .			÷0.00
	Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Wesen, Hunter		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Westby, Andrew		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/19/2024	Westby, Andrew	/	\$2.00
011101202.	Contributor address; City; State; Zip Code		¥
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 130/135 Rpt: 134/141
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC		00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
07/05/2024	Wetzel, Samuel		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Wetzel, Samuel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	White, Anna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	i)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	White, Anna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	<i>v</i>
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/05/2024	Full name of contributor out-of-state PAC (ID#: White, Stephen	)	\$1.00
01100/2021	Contributor address; City; State; Zip Code		+1.00
	Continution address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/135 Rpt: 135/141	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	Date     5     Full name of contributor     out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
07/19/2024	White, Stephen		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Medic		City of Austin	
Date		)	Amount of Contribution (\$)
07/05/2024	Wiggin, Stuart		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024	Wiggin, Stuart		\$1.00
	Contributor address; City; State; Zip Code		
= : : .l	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions)	)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024	Wilkinson, David		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ð
Medic		City of Austin	)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/19/2024	Wilkinson, David	,	\$3.00
011101202.	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	.) ;)
Medic		City of Austin	,

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/135 Rpt: 136/141	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Emergency Medical Services Employee PA		00053202
4 Date 5 Full n	name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024 Willia	ams, Dennis		\$5.00
6 Contr	ributor address; City; State; Zip Code		
Aust			
	in, TX 78721	Employer (See Instructions	
8 Principal occupation / Jo Medic	DD IIIIe (See Instructions)	9 Employer (See Instructions City of Austin	)
Date Full n	name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/19/2024 Willia	ams, Dennis		\$5.00
Contr	ributor address; City; State; Zip Code		
	in, TX 78721		
Principal occupation / Jo Medic	ob title (See Instructions)	Employer (See Instructions	5)
		City of Austin	· · · · · · · · · · · · · · · · · · ·
	name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	ers, John		\$3.00
Contr	ributor address; City; State; Zip Code		
Austi	in, TX 78721		
Principal occupation / Jo	ob title (See Instructions)	Employer (See Instructions	<b>(</b>
Medic		City of Austin	
Date Full n	name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024 Winte	ers, John		\$3.00
Contr	ributor address; City; State; Zip Code		
Aust <sup>i</sup>	in, TX 78721		
	ob title (See Instructions)	Employer (See Instructions	l;)
Medic		City of Austin	, ,
Date Full n	name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	ht, Courtney		\$3.00
Contr	ributor address; City; State; Zip Code		
Austi	in, TX 78721		
	ob title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/135 Rpt: 138/141	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- is County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/05/2024			\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Medic	•	City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/19/2024	Yankiver, Lizabeth		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/05/2024			\$4.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	· ·
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/19/2024			\$4.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Yasui, Benjamin		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)
Micaio			

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Reimbursement     Solicitation/Fundraising Expense       Food/Beverage Expense     Polling Expense     Transportation Equipment & Related Expense       -     Gift/Awards/Memorials Expense     Printing Expense     Travel out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 140/141	Austin Travis County Emergency Medical Services 00053202		
4 Date	5 Payee name		
07/05/2024	City of Austin		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$33.50	15 Waller		
Expenditure from corporate funds	Austin, TX 78702		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Payroll deduction fee</li> </ul> </li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/19/2024	City of Austin		
Amount (\$)	Payee address; City; State; Zip Code		
\$33.60	15 Waller		
Expenditure from corporate funds	Austin, TX 78702		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll deduction fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/16/2024	Mackenzie Kelly for Austin City Council		
Amount (\$)	Payee address; City; State; Zip Code		
\$450.00	10401 Aderson Mill Rd		
Evponditure from	ste 101		
Expenditure from corporate funds	Austin, TX 78750		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign donation		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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