

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC	13 Filer ID (Ethics Commission Filers) 00053202
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,958.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,066.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 92,412.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Selena Xie

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC	18 Filer ID (Ethics Commission Filers) 00053202
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,958.22
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,066.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/132 Rpt: 4/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, William	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, William	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/132 Rpt: 5/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/132 Rpt: 6/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/132 Rpt: 7/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/132 Rpt: 8/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/132 Rpt: 9/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/132 Rpt: 10/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/132 Rpt: 11/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/132 Rpt: 12/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/132 Rpt: 13/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/132 Rpt: 14/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/132 Rpt: 15/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/132 Rpt: 16/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bess, Luke <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/132 Rpt: 17/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/132 Rpt: 18/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/132 Rpt: 19/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/132 Rpt: 20/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/132 Rpt: 21/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/132 Rpt: 22/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/132 Rpt: 23/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/132 Rpt: 24/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciampaglio, Anthony	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/132 Rpt: 25/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/132 Rpt: 26/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/132 Rpt: 27/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/132 Rpt: 28/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/132 Rpt: 29/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/132 Rpt: 30/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William	7 Amount of Contribution (\$) \$3.27
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 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William	Amount of Contribution (\$) \$3.27
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/132 Rpt: 31/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/132 Rpt: 32/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/132 Rpt: 33/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/132 Rpt: 34/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo	Amount of Contribution (\$) \$1.30
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo	Amount of Contribution (\$) \$1.30
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/132 Rpt: 35/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/132 Rpt: 36/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/132 Rpt: 37/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel	Amount of Contribution (\$) \$3.30
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel	Amount of Contribution (\$) \$3.30
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin	Amount of Contribution (\$) \$1.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin	Amount of Contribution (\$) \$1.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/132 Rpt: 38/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/132 Rpt: 39/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/132 Rpt: 40/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/132 Rpt: 41/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/132 Rpt: 42/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Timothy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/132 Rpt: 43/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/132 Rpt: 44/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/132 Rpt: 45/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/132 Rpt: 46/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bradley <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grijalva, Corey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/132 Rpt: 47/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grijalva, Corey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadas, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadas, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/132 Rpt: 48/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/132 Rpt: 49/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/132 Rpt: 50/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/132 Rpt: 51/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hay, Keli <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hay, Keli <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellein, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellein, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/132 Rpt: 52/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/132 Rpt: 53/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/132 Rpt: 54/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/132 Rpt: 55/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/132 Rpt: 56/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/132 Rpt: 57/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Noah	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Noah	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/132 Rpt: 58/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/132 Rpt: 59/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junod, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junod, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.40
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.40
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/132 Rpt: 60/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keef, Sean <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/132 Rpt: 61/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keef, Sean <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Nolan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Nolan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/132 Rpt: 62/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/132 Rpt: 63/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Aaron <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Steven <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Steven <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/132 Rpt: 64/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kownacki, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kownacki, Benjamin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krampitz, Casey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/132 Rpt: 65/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krampitz, Casey	7 Amount of Contribution (\$) \$1.30
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Stephen	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Stephen	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/132 Rpt: 66/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtze, Benedict	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtze, Benedict	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoureux, Nicholas	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoureux, Nicholas	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Eric	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/132 Rpt: 67/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Eric	7 Amount of Contribution (\$) \$2.50
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/132 Rpt: 68/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Brian	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Brian	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Christopher	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Christopher	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Andrew	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/132 Rpt: 69/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/132 Rpt: 70/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Bradley <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$4.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cindy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cindy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/132 Rpt: 71/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Lindsay <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano Avila, Victor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano Avila, Victor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/132 Rpt: 72/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Brian	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Brian	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malgieri, Anthony	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/132 Rpt: 73/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malgieri, Anthony <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallon, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallon, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/132 Rpt: 74/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancia Covarrubias, Adonay <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancia Covarrubias, Adonay <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancias, Vivian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancias, Vivian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/132 Rpt: 75/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/132 Rpt: 76/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/132 Rpt: 77/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/132 Rpt: 78/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael	7 Amount of Contribution (\$) \$9.50
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael	Amount of Contribution (\$) \$9.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/132 Rpt: 79/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/132 Rpt: 80/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mead, Catrina	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mead, Catrina	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/132 Rpt: 81/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/132 Rpt: 82/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/132 Rpt: 83/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/132 Rpt: 84/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/132 Rpt: 85/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/132 Rpt: 86/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Megan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Megan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negron, Luis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negron, Luis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/132 Rpt: 87/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noak, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noak, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/132 Rpt: 88/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nudelman, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/132 Rpt: 89/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nudelman, Lee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/132 Rpt: 90/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Valeria <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Valeria <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pailes, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/132 Rpt: 91/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pailes, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Roger <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Roger <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/132 Rpt: 92/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Kayla	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Kayla	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Sean	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Sean	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/132 Rpt: 93/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/132 Rpt: 94/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plewacki, Thomas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plewacki, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/132 Rpt: 95/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Amber	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Amber	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/132 Rpt: 96/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruiett, Cayden <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puckett, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puckett, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/132 Rpt: 97/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary	Amount of Contribution (\$) \$13.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary	Amount of Contribution (\$) \$13.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/132 Rpt: 98/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Duane	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Duane	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan	Amount of Contribution (\$) \$9.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan	Amount of Contribution (\$) \$9.50
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/132 Rpt: 99/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/132 Rpt: 100/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reader, Robert	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reader, Robert	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Kevin	Amount of Contribution (\$) \$1.30
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Kevin	Amount of Contribution (\$) \$1.30
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/132 Rpt: 101/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remus, Hannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remus, Hannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/132 Rpt: 102/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Larry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Larry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/132 Rpt: 103/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Russell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Russell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/132 Rpt: 104/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Andrea <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/132 Rpt: 105/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Giovanni <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Giovanni <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Lillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Lillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/132 Rpt: 106/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Darren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.30
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Jodeci <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/132 Rpt: 107/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Jodeci <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Lindsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Lindsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/132 Rpt: 108/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmeron, Alejandro <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmeron, Alejandro <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval Ruano, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval Ruano, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Sabrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/132 Rpt: 109/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Sabrina	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scamman, Alexis	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scamman, Alexis	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schickel, Matthew	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schickel, Matthew	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/132 Rpt: 110/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, Douglas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.30
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutt, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutt, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/132 Rpt: 111/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Austin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton-Collins, Marcus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton-Collins, Marcus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/132 Rpt: 112/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sircher, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slattery, Christian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/132 Rpt: 113/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slattery, Christian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/132 Rpt: 114/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashlyn <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Darae <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/132 Rpt: 115/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Darae <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stec, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stec, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/132 Rpt: 116/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Eric	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Eric	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mitchell	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mitchell	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Richard	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/132 Rpt: 117/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Richard <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/132 Rpt: 118/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Patrick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tait, Grant <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tait, Grant <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrillion, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/132 Rpt: 119/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrillion, Matthew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/132 Rpt: 120/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patrick 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patrick Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/132 Rpt: 121/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/132 Rpt: 122/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Garrett <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/132 Rpt: 123/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/132 Rpt: 124/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Joshua <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/132 Rpt: 125/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanZandt, Donovan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanZandt, Donovan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/132 Rpt: 126/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasna, Renayuddh <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/132 Rpt: 127/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/132 Rpt: 128/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watanabe-O'Toole, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watanabe-O'Toole, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/132 Rpt: 129/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Skyler <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welkey, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welkey, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/132 Rpt: 130/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesen, Hunter <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westby, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westby, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, Samuel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/132 Rpt: 131/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, Samuel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/132 Rpt: 132/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggin, Stuart <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggin, Stuart <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/132 Rpt: 133/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/132 Rpt: 134/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/132 Rpt: 135/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 136/137
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 137/137	2 FILER NAME Austin Travis County Emergency Medical Services	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/02/2024	5 Payee name City of Austin	
6 Amount (\$) \$32.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 15 Waller st Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name City of Austin	
Amount (\$) \$33.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15 Waller st Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name Jeff Travillion Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 5674 Austin, TX 78762	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held