#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 137 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 09/03/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 5817 Wilcab Road Ste 3 Change of Address Austin, TX 78721 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Selena NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Xie CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4710 Heflin Ln. STREET **ADDRESS** (Residence or Business) Austin, TX 78721 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4710 Heflin Ln. MAILING **ADDRESS** Change of Address Austin, TX 78721 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 228-9321 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Austin Travis County En	nergency Medical Serv	vices Employee P	AC	000532	02
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
E CONTRIBUTION		DOLITICAL CONT	FDIDLITIONS (OTLIED THAN	1	
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES  ADE ELECTRONIC	CALLY)	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTION	ONS	\$	1 050 22
	(OTHER THAN PLEI	DGES, LOANS, OR	GUARANTEES OF LOANS)		1,958.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPE	NDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURE	ES	\$	1,066.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING		MAINTAINED AS OF THE LAST	r DAY \$	92,412.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		DUTSTANDING LOANS AS OF DD	THE \$	0.00
L6 AFFIDAVIT	<u> </u>			<u> </u>	
		true a	ear, or affirm, under penalty of p and correct and includes all info r Title 15, Election Code.	erjury, that th rmation requ	ne accompanying report is ired to be reported by me
			Ms. S	elena Xie	
			Signature of Ca		asurer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	hefere me by the said		,	this the	day
of				uns uie	uay
	,,	,			
Signature of officer adr	ministering oath	Printed name of off	icer administering oath	Title of o	officer administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				3 of 137
17 COMMITT	EE NAME	18 Filer ID	(Ethics C	ommission Filers)
Austin Tra	avis County Emergency Medical Services Employee PAC	00053202		
	E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
INAIVIE OI	SCHEDULE		-	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,958.22
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	)R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	1,066.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 1/132 Rpt: 4/137	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor ou Adams, William</li><li>6 Contributor address; City; State; Zij</li></ul>			7	Amount of Contribution (\$)	\$2.00
_		Austin, TX 78721	<u> </u>		L		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor ou Adams, William Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin	,		
	Date 08/02/2024	Full name of contributor ou Adcock, Brandon Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 08/16/2024		Full name of contributor ou Adcock, Brandon Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 08/02/2024	Full name of contributor ou Aguilar, Ricardo Contributor address; City; State; Zij Austin, TX 78721	t-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			1				

	MONET	ARY POLITICAL CONT	TRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to co	mplete this fo	rm.	1	Total pages Schedule A1: Sch: 2/132 Rpt: 5/137	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>5 Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$2.50
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	19	9 Employer (See Instructions	;) 		
	Medic	patient, cos tito (coe metrodone)		City of Austin	,		
	Date 08/02/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:) [		
	Medic			City of Austin	,		
	Date Full name of contributor out-of-state PAC (ID: 08/16/2024 Albear, Oscar  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
08/02/2024 Allen, Janel		Allen, Janel  Contributor address; City; State; Zip	of-state PAC (ID#:  Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> ;)		
	Date 08/16/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/132 Rpt: 6/137	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Austin Travis	s County Emergency Medical Services Employee PA	С		00053202	
4	Date 08/02/2024	5 Full name of contributor  ut-of-state PAC (ID#:_ Almaguer, Luis	)	7	Amount of Contribution (\$)	\$5.00
		6 Contributor address; City; State; Zip Code  Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/16/2024	Almaguer, Luis				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			
	Date Full name of contributor out-of-state		)		Amount of Contribution (\$)	
	08/02/2024	Almodovar, Alejandra				\$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/16/2024	Almodovar, Alejandra  Contributor address; City; State; Zip Code				\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	08/02/2024	Anderson, Scott				\$1.00
		Contributor address; City; State; Zip Code				
	Dringing	Austin, TX 78721	Employer (Cool Instruction	<u></u>		
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 4/132 Rpt: 7/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Anderson, Scott</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Anthon, McKenna Contributor address; City; S					Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/		
	Medic	pation / 300 title (See Instructions	5)		City of Austin	·)		
	Date 08/16/2024	Full name of contributor Anthon, McKenna Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Armas, David Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Armas, David Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
			-					

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 5/132 Rpt: 8/137	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor Armstrong, Charles 6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  Armstrong, Charles  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor Arocha-Guerra, Val Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
08/16/2024 A		Full name of contributor Arocha-Guerra, Val Contributor address; City; Sta Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 08/02/2024	Full name of contributor Aubin, Scott Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBI		<b>A1</b>			
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 6/132 Rpt: 9/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic  Date Full name of contributor ☐ out-of-state PAC (II  08/16/2024 Aune, Joseph  Contributor address; City; State; Zip Code			City of Austin			
			AC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date 08/02/2024		Full name of contributor out-of-state PA Avila, America Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PA Avila, America Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIE	BUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this fo	rm.	1	Total pages Schedule A1: Sch: 7/132 Rpt: 10/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state</li></ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$2.50
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)		9 Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date Full name of contributor out-of-state PAC (ID#: 08/02/2024 Bailey, Charles  Contributor address; City; State; Zip Code		PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date Full name of contributor out-of-s 08/16/2024 Bailey, Charles		Bailey, Charles  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state Bailey, James  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/132 Rpt: 11/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Bailey, James</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	i) 		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Alexander  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic		City of Austin			
	Date Full name of contributor out-of-state PAC (ID#: 08/16/2024 Baker, Alexander  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
08/02/2024 Baker, Amanda		Baker, Amanda  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Amanda  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>(</u>		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/132 Rpt: 12/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Baker, Coty</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$5.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: Baker, Coty  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
	Medic  Date Full name of contributor out-of-state PAC (I Balboa, Adam  Contributor address; City; State; Zip Code			City of Austin	-,		
					•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
Date Full name of contributor 08/16/2024 Balboa, Adam  Contributor address; City;		Balboa, Adam			•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Barch-Chandler, Travis  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL (	CONTRIBUTION	N:	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 10/132 Rpt: 13/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Barch-Chandler, Travis</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Barnhart, Jennifer  Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	·/		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 08/16/2024	Full name of contributor Barnhart, Jennifer Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Barr, Jaelithe  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Barr, Jaelithe Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
			•					

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 11/132 Rpt: 14/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee I	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC (ID# Bauhs, Isabel  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor  uut-of-state PAC (ID# Bean, Rose  Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID# Beaver, Camille  Contributor address; City; State; Zip Code  Austin, TX 78721	#:			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 12/132 Rpt: 15/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (ID# Beaver, Camille  6 Contributor address; City; State; Zip Code	:	)	7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78721	-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID# Bernal, Erica  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID# Bernal, Erica  Contributor address; City; State; Zip Code  Austin, TX 78721	:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 13/132 Rpt: 16/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state F Bess, Luke</li> <li>Contributor address; City; State; Zip Code</li> </ul>	,		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of-state F Black, Jessica Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	panon / cos ano (cos mensono)		City of Austin	-,		
	Date 08/16/2024	Full name of contributor out-of-state F Black, Jessica Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state F Blais, Braden Contributor address; City; State; Zip Code	-	)	-	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state F Blais, Braden Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	<b>€ A1</b>
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 14/132 Rpt: 17/137	
2	FILER NAME	s County Emergency Medical Services Employ	IRE PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic	·	City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state PAC Bockewitz, William Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Bockewitz, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Braunstein, Spencer Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/132 Rpt: 18/137	
2	FILER NAME	s County Emergency Medical Services Employee F	DAC	3	Filer ID (Ethics Commission 00053202	Filers)
_				Ļ		
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (ID#: Braunstein, Spencer	:)	<b>'</b>	Amount of Contribution (\$)	\$10.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	08/02/2024	Brazelton, Reese				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	08/16/2024	Brazelton, Reese				\$3.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u> ;)		
	Medic	,	City of Austin	,		
	Date	Full name of contributor  uut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	08/02/2024	Brindley, Jordan  Contributor address; City; State; Zip Code				\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	08/16/2024	Brindley, Jordan				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 16/132 Rpt: 19/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of Brunson, Savannah</li> <li>Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Brunson, Savannah Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor out-of Bumpus, Ross Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Bumpus, Ross	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 08/02/2024	Full name of contributor out-of Burgoyne, James Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 17/132 Rpt: 20/137	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	Full name of contributor     Burgoyne, James     Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor  Cabrera, Ryan  Contributor address; City; State	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor  Cabrera, Ryan  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Cain, Christopher Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; ;; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 08/16/2024	Full name of contributor  Cain, Christopher  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	<b>S</b>		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 18/132 Rpt: 21/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor Cantonis, Carl</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor Cantonis, Carl Contributor address; City; S			)	•	Amount of Contribution (\$)	\$3.00
	Dringing occur	Austin, TX 78721			Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 08/02/2024	Full name of contributor Carter, Emma Contributor address; City; S	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Carter, Emma Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Cartmill, Andres Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
			,					

	MONET	ARY POLITICAL (	CONTRIBUTION	7	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 19/132 Rpt: 22/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Cartmill, Andres</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Cavarretta, James Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> ;)		
	Medic	(	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor Cavarretta, James Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Cendejas, Jacqueline Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Cendejas, Jacqueline Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	5)		
			-					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 20/132 Rpt: 23/137	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor Chavez, Erin</li><li>6 Contributor address; City; State;</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 08/16/2024	Full name of contributor Chavez, Erin  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Medic	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor Cheeks, Shedrick Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 08/16/2024	Full name of contributor Cheeks, Shedrick Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Chhabra, Ranjit Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 21/132 Rpt: 24/137	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Chhabra, Ranjit</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Ciampaglio, Anthony Contributor address; City; State				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Medic	pation / 300 title (See matractions)		City of Austin	,,		
	Date 08/02/2024	Full name of contributor Ciminera, Joseph Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Ciminera, Joseph Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor  Clark, Rajiv  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/132 Rpt: 25/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission F 00053202	-ilers)
4	Date 08/16/2024	<ul> <li>5 Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Clark, William Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_Clark, William  Contributor address; City; State; Zip Code	-		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 23/132 Rpt: 26/137	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Full name of contributor     Cole, Jason     Contributor address; City; State;			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Cole, Jason  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin	,		
	Date 08/02/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  Coleman, James  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 08/02/2024	Full name of contributor Cooper, Matthew  Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 24/132 Rpt: 27/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	5 Full name of contributor out-of-state; Cooper, Matthew  6 Contributor address; City; State; Zip Co			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-s Cornwall, Angela Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-s Cornwall, Angela Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Costantino, John	state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 08/16/2024	Full name of contributor out-of-s Costantino, John Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 25/132 Rpt: 28/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of- Crock, Clairissa</li> <li>Contributor address; City; State; Zip C</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of- Crock, Clairissa Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	(s)		
	Medic			City of Austin	,,		
	Date 08/02/2024	Full name of contributor out-of- Crouch, Jordan  Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Crouch, Jordan	state PAC (ID#: ode	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Crouch, William	estate PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRI		SCHEDULE A1		
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 26/132 Rpt: 29/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	ployee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024		e PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	<u> </u>	Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	IS)		
	Date 08/02/2024	Cruz Zarate, Hector  Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	  s)		
	Medic		City of Austin			
	Date 08/16/2024				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ıs)		
	Date Full name of contributor out-of-state PAC (ID 08/02/2024 Cummings, Daniel Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction City of Austin	l IS)		
	Date 08/16/2024	Full name of contributor out-of-state  Cummings, Daniel  Contributor address; City; State; Zip Code  Austin, TX 78721	e PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ıs)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 27/132 Rpt: 30/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor</li><li>Damron, William</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		)	7	Amount of Contribution (\$)	\$3.27
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor  Damron, William  Contributor address; City; S			)		Amount of Contribution (\$)	\$3.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	:, 		
	Medic	pation / Job title (See Instructions	5)		City of Austin	) )		
	Date 08/02/2024	Full name of contributor  Davis, Kenneth  Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Davis, Kenneth  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Davis, Richard Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 28/132 Rpt: 31/137	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Davis, Richard</li><li>6 Contributor address; City; State;</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor DeLong, Jonathan Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin	,		
	Date 08/16/2024	Full name of contributor  DeLong, Jonathan  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor  Dean-Masse, Dustin  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 08/16/2024	Full name of contributor  Dean-Masse, Dustin  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBI		SCHEDULE A1		
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 29/132 Rpt: 32/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor</li></ul>	AC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	Drivering	Austin, TX 78721	<b>19</b>			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	ns)		
	Date 08/16/2024	Full name of contributor out-of-state PA  Derion, Sarah  Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Medic		City of Austin	,		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:)  Dionizio, James  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ıs)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ls)		
	Date 08/02/2024	Full name of contributor out-of-state PADonohoe, John Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 30/132 Rpt: 33/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-of-state PAG Draper, Joseph Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAG  Duran, Bryan  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 08/16/2024	Full name of contributor out-of-state PAG Duran, Bryan Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 31/132 Rpt: 34/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC (II Durham, David  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
_	5	Austin, TX 78721	1	<u> </u>		
8	Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	s)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (II Durham, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:)  Echevarria, Edgardo  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date Full name of contributor out-of-state PAC (ID: 08/16/2024 Echevarria, Edgardo  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.30
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (I Edmonson, Savanna Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/132 Rpt: 35/137	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Austin Travis	s County Emergency Medical Services Employee PA	C		00053202	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/16/2024	Edmonson, Savanna				\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	08/02/2024	Eeten, John				\$5.00
		Contributor address; City; State; Zip Code		•		
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin	_		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>+=</b> 00
	08/16/2024 Eeten, John					\$5.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/02/2024	Eguia, Eduardo				\$1.00
		Contributor address; City; State; Zip Code		-		
		Austin, TX 78721	5 1 (0 1 1 1	_		
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/16/2024	Eguia, Eduardo				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 33/132 Rpt: 36/137	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travi	s County Emergency Medical Services Employee F	PAC		00053202	
4	Date 08/02/2024	5 Full name of contributor ☐ out-of-state PAC (ID#: Elbel, Amber 6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	08/16/2024	Elbel, Amber				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Elizardo, Daniel  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: Elizardo, Daniel  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Emmick, Christopher	:)		Amount of Contribution (\$)	\$4.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 34/132 Rpt: 37/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC	3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.00
_	Daine in all access	Austin, TX 78721	In Frankrick (On the transition			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,	City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Engstrom, Justin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.50
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Engstrom, Justin Contributor address; City; State; Zip Code  Austin, TX 78721	<u>.                                    </u>		Amount of Contribution (\$)	\$1.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 35/132 Rpt: 38/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC (ID# Ferguson, John 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
•	Dringing Loggy	Austin, TX 78721	C Employer (Coo Instructions	_		
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID# Ferguson, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Medic		City of Austin	•		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID# Ferguson, Thomas  Contributor address; City; State; Zip Code	<u>#:</u> )		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID# Ferguson, Thomas  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID# Fernandez, Eric Contributor address; City; State; Zip Code Austin, TX 78721	<u>;                                    </u>		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 36/132 Rpt: 39/137	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	Fernandez, Eric	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	رد آ		
	Medic	patient / cob title (eee metractions)		City of Austin	,,		
	Date 08/16/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Finch, Walter	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Finch, Walter	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONT	TRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to co	mplete this fo	rm.	1	Total pages Schedule A1: Sch: 37/132 Rpt: 40/137	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>	of-state PAC (ID#: Code	)	7	Amount of Contribution (\$)	\$5.00
_	Daine in all accord	Austin, TX 78721	1.	2. Faralas and (Cara Instructions			
8	Medic	pation / Job title (See Instructions)		9 Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	paner, cos uno (coo mondono,		City of Austin	,		
	Date 08/02/2024	Full name of contributor out-	of-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 08/16/2024	Flanagan, Rilie  Contributor address; City; State; Zip	of-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>)</u>		
	Date 08/02/2024	Flores, Raul  Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 38/132 Rpt: 41/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	-,		
	Date 08/16/2024	Full name of contributor  ut-of-state PAC Flores, Robert  Contributor address; City; State; Zip Code	(ID#:	)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Flores, Tiana Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 08/16/2024	Full name of contributor out-of-state PAC Flores, Tiana Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBI	UTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 39/132 Rpt: 42/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PA</li> <li>Fuentes, Timothy</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:)	7	Amount of Contribution (\$)	\$2.00
_	Deignaignal annu	Austin, TX 78721	D. Franks on (Con leady stiers			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor out-of-state PA Fuentes, Timothy  Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Medic	pation 7 300 tale (See Instructions)	City of Austin	3)		
	Date 08/02/2024	Full name of contributor out-of-state PA Gallio, Riane Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of-state PA Garcia, Bianca Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONT	RIBUTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to cor	mplete this for	m.	1	Total pages Schedule A1: Sch: 40/132 Rpt: 43/137	
2	FILER NAME Austin Travis	s County Emergency Medical Service:	s Employee PAC		3	Filer ID (Ethics Commission I 00053202	-ilers)
4	Date 08/16/2024	<ul> <li>5 Full name of contributor out-of o</li></ul>	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$3.00
_	<u> </u>	Austin, TX 78721					
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	)		
	Date 08/02/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-o Gardner, Dale Contributor address; City; State; Zip o	of-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
Date Full name of contri 08/02/2024 Garrett, Christina		Garrett, Christina  Contributor address; City; State; Zip (	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 08/16/2024	Garrett, Christina  Contributor address; City; State; Zip (	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 41/132 Rpt: 44/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor  out-of-state PAC (ID#: Gastelum, Aaron  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: Gastelum, Aaron Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin	•		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Gold, Mora  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: Gold, Mora  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 42/132 Rpt: 45/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	Gordon, Jennifer	-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Gowe, Kathleen  Contributor address; City; State; Zip C	-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-of Gowe, Kathleen Contributor address; City; State; Zip C	-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Gregson, Jordan	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 08/16/2024	Gregson, Jordan	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			,				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to compl	lete this forr	n.	1	Total pages Schedule A1: Sch: 43/132 Rpt: 46/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-sta</li> <li>Griffin, Bradley</li> <li>Contributor address; City; State; Zip Code</li> </ul>	tte PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Griffin, Bradley		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor out-of-sta Griffith, Kimberly Contributor address; City; State; Zip Code	tte PAC (ID#:	)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Griffith, Kimberly		)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Grijalva, Corey		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
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	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 44/132 Rpt: 47/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state PA Grijalva, Corey</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	, , , , , , , , , , , , , , , , , , ,		City of Austin	•		
	Date 08/16/2024	Full name of contributor  uut-of-state PA Hadas, Brian Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PA Hadden, Justin  Contributor address; City; State; Zip Code  Austin, TX 78721	-	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAHadden, Justin  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 45/132 Rpt: 48/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC	:	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor  out-of-state PAC (IE Haggarty, Timothy  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (IE Haggarty, Timothy Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	panon, cos ano (cos menastro)		City of Austin	-,		
	Date 08/02/2024	Full name of contributor out-of-state PAC (IE Hair, Nathan Contributor address; City; State; Zip Code	)#:	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (IE Hair, Nathan  Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (IE Hairston, Christopher Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
			•				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 46/132 Rpt: 49/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state</li></ul>		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Hanes, Rodney		)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-state Hanes, Rodney  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Hanks, Kaden		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state Hanks, Kaden Contributor address; City; State; Zip Code Austin, TX 78721		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 47/132 Rpt: 50/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor	(ID#:			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Harner, Kevin Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Hawthorne, Cole Contributor address; City; State; Zip Code  Austin, TX 78721	(ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 48/132 Rpt: 51/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Hawthorne, Cole</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Hay, Keli Contributor address; City; S			)		Amount of Contribution (\$)	\$3.00
	Dringing Loggy	Austin, TX 78721	a) T		Employer (Coo Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Hay, Keli Contributor address; City; S			)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Hellein, Jacob  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Hellein, Jacob Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
			,					

	MONET	ARY POLITICAL CONTRIBUTION	<b>)</b>	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 49/132 Rpt: 52/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC (ID#:_ Hernandez, Hugo  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Hugo Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Γ	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			-				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 50/132 Rpt: 53/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>	,		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Hicks, Matthew Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin			
	Date 08/16/2024	Full name of contributor out-of-state PAC Hicks, Matthew Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Hindman, Justin Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Hindman, Justin Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			l				

	MONET	ARY POLITICAL CONTRI	BUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	ete this fo	rm.	1	Total pages Schedule A1: Sch: 51/132 Rpt: 54/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Hindman, Shelby	e PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
_	Dringing Loon	Austin, TX 78721	1.	D. Employer (Co.) Instructions	<u></u>		
8	Medic	pation / Job title (See Instructions)	ľ	9 Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Hindman, Shelby	e PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	panelly cost and (cost mendelle)		City of Austin	-,		
	Date 08/02/2024	Full name of contributor out-of-state Holland, Travis Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Holland, Travis  Contributor address; City; State; Zip Code	e PAC (ID#:	)	•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Howell, Joseph  Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 52/132 Rpt: 55/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	oyee PAC		3	Filer ID (Ethics Commission 00053202	ı Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state P. Howell, Joseph</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor	AC (ID#:		•	Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of-state P. Jackson, Bryan  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state P. Jackson, Bryan Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 53/132 Rpt: 56/137	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Full name of contributor     Jacobsen, Patrick     Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Jacobsen, Patrick Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor Jakubauskas, Eric Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Jakubauskas, Eric Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor  James, Jonathan  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 54/132 Rpt: 57/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state F James, Jonathan</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of-state F Jensen, David Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	panon, ross and (coo mendonon)		City of Austin	-,		
	Date 08/16/2024	Full name of contributor out-of-state F Jensen, David Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state F Jimenez, Noah Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state F Jimenez, Noah Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	mplete this forr	m.	1	Total pages Schedule A1: Sch: 55/132 Rpt: 58/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Jimenez Unzueta, Marco  Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor out-o Johns, Edward  Contributor address; City; State; Zip C	f-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Johns, Edward	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 08/02/2024	Johnson, Andy	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<u>.</u>				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 56/132 Rpt: 59/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Johnson, Andy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Junod, Joseph Contributor address; City; S			)	•	Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions	.)		Employer (See Instructions	<u>-,</u>		
	Medic	pation / Job title (See Instructions	,		City of Austin	·)		
	Date 08/16/2024	Full name of contributor Junod, Joseph Contributor address; City; S	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Kalinowski, Jonathan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.40
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Kalinowski, Jonathan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$1.40
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	s)		
			1					

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 57/132 Rpt: 60/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor Kaminowitz, Robert</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Kaminowitz, Robert Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	:, 		
	Medic	pation / 300 title (See Instructions	5)		City of Austin	)		
	Date 08/02/2024	Full name of contributor Kane, Mikel Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Kane, Mikel Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Keef, Sean Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 58/132 Rpt: 61/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state PAC (I Keef, Sean</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor		)		Amount of Contribution (\$)	\$5.27
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (I Kimble, Alena Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (I Kimble, Alena Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL (	CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	•	1	Total pages Schedule A1: Sch: 59/132 Rpt: 62/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor Kirmanidis, Andre</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:tate; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	i)		
	Date 08/16/2024	Full name of contributor Kirmanidis, Andre Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Dringing	Austin, TX 78721	<u>.</u>					
	Medic Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Knauer, Andrew Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	i)		
	Date 08/16/2024	Full name of contributor Knauer, Andrew  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	<u> </u>		
	Date 08/02/2024	Full name of contributor Knight, Aaron Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 60/132 Rpt: 63/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state PAC Knight, Aaron</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-of-state PAC Koller, Joel Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Koller, Steven Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Koller, Steven Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 61/132 Rpt: 64/137	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor Kownacki, Benjamin	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Kownacki, Benjamin  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor   Kraemer, Ashley  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  Kraemer, Ashley  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 08/02/2024	Full name of contributor  Krampitz, Casey  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	plete this forr	n.	1	Total pages Schedule A1: Sch: 62/132 Rpt: 65/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-s         Krampitz, Casey</li> <li>Contributor address; City; State; Zip Co</li> </ul>	tate PAC (ID#:		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of-s Kraus, Stephen Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-s  Kraus, Stephen  Contributor address; City; State; Zip Co	state PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Krycia, Noah		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 08/16/2024	Krycia, Noah	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTION	N	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 63/132 Rpt: 66/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor Kurtze, Benedict</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Kurtze, Benedict Contributor address; City; St			)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u>		
	Medic	, , , , , , , , , , , , , , , , , , , ,	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor Lamoureux, Nicholas Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions			Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Lamoureux, Nicholas Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 08/02/2024	Full name of contributor Lancaster, Eric Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions			Employer (See Instructions City of Austin	5)		
			,					

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 64/132 Rpt: 67/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024		e PAC (ID#:	)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	LeFan, Rebecca		)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor	e PAC (ID#:	)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Leibin, Michael		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/16/2024	Leibin, Michael	e PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 65/132 Rpt: 68/137	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Full name of contributor     Lesley, Brian     Contributor address; City; State;			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	,				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	)		
	Date 08/16/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Medic	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 08/16/2024	Full name of contributor  Lester, Christopher  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 08/02/2024	Full name of contributor Leyva, Andrew Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	- /	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 66/132 Rpt: 69/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	)		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Leyva, Andrew</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:tate; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Lidster, Matthew Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
	Dringing Loggy	Austin, TX 78721		_	Employer (See Instructions	<u></u>		
	Medic Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	·)		
	Date 08/16/2024	Full name of contributor Lidster, Matthew Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Lindsay, Ross Contributor address; City; St	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Lindsay, Ross Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 67/132 Rpt: 70/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor  out-of-state PAC (I Lines, Bradley  6 Contributor address; City; State; Zip Code	D#:	)	7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$4.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor	D#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (I Lopez, Cindy Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (I Lopez, Lindsay  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 68/132 Rpt: 71/137	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	Lopez, Lindsay	o Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out Lopez, Ramon Contributor address; City; State; Zip	-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor out Lopez, Ramon Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out Lozano Avila, Victor Contributor address; City; State; Zip Austin, TX 78721	-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 08/16/2024	Full name of contributor out Lozano Avila, Victor Contributor address; City; State; Zip	o Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 69/132 Rpt: 72/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  out-of-state PAC (ID# Lydon, Cassandra Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor  out-of-state PAC (ID# Lynch, Brian Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID: Lynch, Brian  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID# Malgieri, Anthony  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 70/132 Rpt: 73/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Malgieri, Anthony</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Mallon, Paul  Contributor address; City; S			)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	:, 		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 08/16/2024	Full name of contributor Mallon, Paul Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Malone, Jordan  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Malone, Jordan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 71/132 Rpt: 74/137	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Full name of contributor     Mancia Covarrubias, Adona     Contributor address; City; State		)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	<u> </u>				
8	Principal occu Medic	pation / Job title (See Instructions)		9 Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  Mancia Covarrubias, Adona  Contributor address; City; State	•	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor  Mancias, Vivian  Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 08/16/2024	Full name of contributor  Mancias, Vivian  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>;</u> )		
	Date 08/02/2024	Full name of contributor  Martin, Denise  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 72/132 Rpt: 75/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor	#:	)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID Martin, Noah  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID Martin, Noah  Contributor address; City; State; Zip Code  Austin, TX 78721	#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 73/132 Rpt: 76/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC (I Martinez, Henry  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (I Martinez, Henry Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 08/02/2024	Full name of contributor	ID#:	)		Amount of Contribution (\$)	\$4.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (I Mason, Bryan  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (I Maxwell, Aaron Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 74/132 Rpt: 77/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Maxwell, Aaron</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor May, Meghan Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.27
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/		
	Medic	pation / Job title (See Instructions			City of Austin	) )		
	Date 08/16/2024	Full name of contributor May, Meghan Contributor address; City; Si			)		Amount of Contribution (\$)	\$1.27
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor McClelland, Sterling Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor McClelland, Sterling Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 75/132 Rpt: 78/137	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor McDaniel, Michael  6 Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$9.50
		Austin, TX 78721	1				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  McDaniel, Michael  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$9.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor [ McGarry, Kenneth Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  McGarry, Kenneth  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 08/02/2024	Full name of contributor  McIntire, Morgan  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	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 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-s</li> <li>McIntire, Morgan</li> <li>Contributor address; City; State; Zip Co</li> </ul>	state PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721	ļ				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-s McLaughlin, Kathleen Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic			City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-s  McLaughlin, Kathleen  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	McNiff, Katie	state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	McNiff, Katie	state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 77/132 Rpt: 80/137	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor Mead, Catrina</li><li>6 Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  Mead, Catrina  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor  Medina, Jonathan  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 08/16/2024	Full name of contributor  Medina, Jonathan  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:; z; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor  Megally, Maureen  Contributor address; City; State  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL (	CONTRIBUTION	_ V:	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 78/132 Rpt: 81/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	:		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Megally, Maureen</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor  Mendez, Corey  Contributor address; City; Si					Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions		_	Employer (See Instructions	·/_		
	Medic	pation / Job title (See Instructions	)		City of Austin	)		
	Date 08/16/2024	Full name of contributor  Mendez, Corey  Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor  Mestaz, Thomas  Contributor address; City; Si  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  Mestaz, Thomas  Contributor address; City; Si  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 79/132 Rpt: 82/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Full name of contributor     Miller, Matthew     Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor Miller, Matthew Contributor address; City; S				Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	.,	Employer (See Instructions			
	Medic	pation / Job title (See Instructions	)	City of Austin	5)		
	Date 08/02/2024	Full name of contributor Mireles, Guadalupe Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	(3)	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor Mireles, Guadalupe Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Molinelli, Nicholas Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 80/132 Rpt: 83/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-Molinelli, Nicholas</li> <li>Contributor address; City; State; Zip C</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of- Monson, Nancy Contributor address; City; State; Zip C		)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of- Monson, Nancy Contributor address; City; State; Zip C	state PAC (ID#:	)	•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Moore, Garrett	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 08/16/2024	Moore, Garrett	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 81/132 Rpt: 84/137	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Full name of contributor     Morris, Kyle     Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor  Morris, Kyle  Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor Morrison, Timothy Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  Morrison, Timothy  Contributor address; City; Stat  Austin, TX 78721	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 08/02/2024	Full name of contributor  Morton, Rebecca  Contributor address; City; Stat  Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 82/132 Rpt: 85/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state  out-o</li></ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-of-state  Muniz, Brian  Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Murphy, Michelle	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state Murphy, Michelle Contributor address; City; State; Zip Code  Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 83/132 Rpt: 86/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor  out-of-state PAC Negron, Luis  Contributor address; City; State; Zip Code	(ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Negron, Luis  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Nelson, William  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 84/132 Rpt: 87/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-state Nguyen, Christopher Contributor address; City; State; Zip Code	e PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Noak, Darren		)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/16/2024	Noak, Darren	te PAC (ID#:	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 85/132 Rpt: 88/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PAC Noble, Keith</li> <li>Contributor address; City; State; Zip Code</li> </ul>	,		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state PAC Noftle, Rachel Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Noftle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Nudelman, Lee Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 86/132 Rpt: 89/137	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	Nudelman, Lee	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Olivarez, Dominique  Contributor address; City; State;				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Medic	pation / oob title (occ monactions)		City of Austin	,		
	Date 08/16/2024	Full name of contributor Olivarez, Dominique  Contributor address; City; State;	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Olivo, Nicholas Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#: Zip Code		•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Olivo, Nicholas Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 87/132 Rpt: 90/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PAC Orr, John</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state PAC Orr, Valeria Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Orr, Valeria Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>1</u> S)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Pailes, Kenneth  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to compl	lete this forr	m.	1	Total pages Schedule A1: Sch: 88/132 Rpt: 91/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>5 Full name of contributor  out-of-sta</li> <li>Pailes, Kenneth</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	te PAC (ID#:	)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721	•				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Palmer, Jacob  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-of-state Palmer, Jacob Contributor address; City; State; Zip Code	te PAC (ID#:	)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Patterson, Roger		)		Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-star Patterson, Roger  Contributor address; City; State; Zip Code	e		•	Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	ITIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 89/132 Rpt: 92/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PAC Pearson, Kayla</li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state PAC Perry, Sean Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Perry, Sean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Phillips, Heather  Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 90/132 Rpt: 93/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Phillips, Heather</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction	5)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Phillips, Kyle Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Delicalis al access	Austin, TX 78721			Farada and (October Association			
	Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Phillips, Kyle Contributor address; City; S			)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Pizzonia, Alexander  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Pizzonia, Alexander Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 91/132 Rpt: 94/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor Plewacki, Thomas</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor Plewacki, Thomas  Contributor address; City; S	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$1.00
	Dringing Loon	Austin, TX 78721			Employer (Con Instructions	<u></u>		
	Medic Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Poss, Lauren Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor Poss, Lauren  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Powell-Evans, Simon Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
			,					

	MONET	ARY POLITICAL CONTRIBU	UTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 92/132 Rpt: 95/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	5 Full name of contributor out-of-state PA Powell-Evans, Simon  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
_		Austin, TX 78721		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instruction City of Austin</li></ul>	IS)		
	Date 08/02/2024	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	  s)		
	Medic		City of Austin			
	Date 08/16/2024	Full name of contributor	AC (ID#:)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ıs)		
	Date 08/02/2024	Full name of contributor out-of-state PA Price, Amber  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	l s)		
	Date 08/16/2024	Full name of contributor out-of-state PA Price, Amber  Contributor address; City; State; Zip Code  Austin, TX 78721	AC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ıs)		
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	MONET	ARY POLITICAL CONTRIE	BUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	te this form.	1	Total pages Schedule A1: Sch: 93/132 Rpt: 96/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024		PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	T			
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	ons)		
	Date 08/16/2024	Full name of contributor out-of-state Pruiett, Cayden  Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Medic	,	City of Austin	/		
	Date 08/02/2024	Full name of contributor out-of-state Puckett, James  Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ons)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2.30
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ons)		
	Date 08/02/2024	Full name of contributor out-of-state Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ons)		
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	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 94/132 Rpt: 97/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	<u></u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Pursley, Shaun</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Quiroz Mendez, Jesus Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instruction:	5)		Employer (See Instructions	<u> </u> s)		
	Medic	(000			City of Austin	,		
	Date 08/16/2024	Full name of contributor Quiroz Mendez, Jesus Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Rafferty, Zachary Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$13.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Rafferty, Zachary Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$13.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBU	UTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 95/132 Rpt: 98/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PA Ramos, Duane</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	5)		
	Date 08/16/2024	Full name of contributor  out-of-state PA Ramos, Duane Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic	·	City of Austin	,		
	Date 08/02/2024	Full name of contributor  out-of-state PA Rasmussen, Nathan Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PA Rasmussen, Nathan Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> S)		
	Date 08/02/2024	Full name of contributor out-of-state PA Rasmussen, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTR	RIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	plete this fo	rm.	1	Total pages Schedule A1: Sch: 96/132 Rpt: 99/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024		state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	9 Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-s Rattan, MaKena Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-s Rattan, MaKena Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Rawn, Madison  Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> ;)		
	Date 08/16/2024	Rawn, Madison  Contributor address; City; State; Zip Co	de			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	 ;)		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 97/132 Rpt: 100/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PAR Reader, Robert</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 08/02/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Full name of contributor out-of-state PAG Redd, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAG Regier, Natalie Contributor address; City; State; Zip Code  Austin, TX 78721	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 98/132 Rpt: 101/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-state Reilly, Susanna Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state Remus, Hannah Contributor address; City; State; Zip Code Austin, TX 78721	-	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state Remus, Hannah Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 99/132 Rpt: 102/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor  out-of-state PAC (II Reyes, Christopher  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1	Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	S)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (II Reyes, Christopher Contributor address; City; State; Zip Code		-	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic	,	City of Austin	-,		
	Date 08/02/2024	Full name of contributor out-of-state PAC (II Rice, Larry  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date Full name of contributor out-of-state PAC (I Rice, Larry  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (II Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721	D#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 100/132 Rpt: 103/137	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	5 Full name of contributor Richter, Lauren  6 Contributor address; City; State; 2			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1.		_		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5) 		
	Date 08/02/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	panelly cost and (cost included by		City of Austin	,		
	Date 08/16/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor CRIVERA, Nathaniel  Contributor address; City; State; 2  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 101/132 Rpt: 104/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PAI Rocha, Andrea</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state PAGE Rodgers, Jared Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAGE Rodgers, Jared Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAI Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIE	BUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complet	te this fo	rm.	1	Total pages Schedule A1: Sch: 102/132 Rpt: 105/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAG	C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	5 Full name of contributor out-of-state Rodriguez, Andrew 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
_	Daine in all access	Austin, TX 78721		. Farala and (One leader at lease			
8	Principal occu Medic	pation / Job title (See Instructions)		9 Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state Rodriguez, Giovanni Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	Medic	pation / ooz talo (coo moducation)		City of Austin	-,		
	Date 08/16/2024	Full name of contributor out-of-state Rodriguez, Giovanni  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state  Roe, Lillian  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 08/16/2024	Full name of contributor out-of-state Roe, Lillian  Contributor address; City; State; Zip Code  Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRI	BUTIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 103/132 Rpt: 106/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	iployee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor out-of-state Rogers, Darren	e PAC (ID#:)	7	Amount of Contribution (\$)	\$1.30
_		Austin, TX 78721	1			
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructio City of Austin	ns)		
	Date 08/16/2024	Rogers, Darren  Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructio	ns)		
	Medic		City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state Rogers, Wesley Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructio City of Austin	ns)		
	Date Full name of contributor out-of-state PAC ( 08/16/2024 Rogers, Wesley				Amount of Contribution (\$)	\$5.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructio City of Austin	ns)		
	Date 08/02/2024	Full name of contributor out-of-state Romo, Jodeci Contributor address; City; State; Zip Code Austin, TX 78721	e PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
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	MONET	ARY POLITICAL CONTRI	IBUTIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to compl	ete this form.	1	Total pages Schedule A1: Sch: 104/132 Rpt: 107/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	nployee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<del></del>	te PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	Daine in all a con-	Austin, TX 78721	Surface (Oct between			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	ns)		
	Date 08/02/2024	Rose, Donald  Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Medic		City of Austin			
	Date 08/16/2024	Full name of contributor out-of-state Rose, Donald Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 08/02/2024	Rutledge, Lindsey	te PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 08/16/2024	Full name of contributor out-of-star Rutledge, Lindsey  Contributor address; City; State; Zip Code  Austin, TX 78721	te PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 105/132 Rpt: 108/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission F 00053202	-ilers)
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC (ID#:_ Salmeron, Alejandro  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
•	Dringing con	Austin, TX 78721	0	Employer (See Instructions	,, 		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	·)		
	Date 08/16/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_Sandoval Ruano, Edward  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_Santiago, Sabrina  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRI	BUTIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 106/132 Rpt: 109/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nplovee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024		e PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1			
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruct City of Austin	ions)		
	Date 08/02/2024	Scamman, Alexis	e PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Medic	pation 7 300 tale (See Instructions)	City of Austin	.10113)		
	Date 08/16/2024	Full name of contributor	e PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruct City of Austin	ions)		
	Date 08/02/2024	Schickel, Matthew	e PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruct City of Austin	ions)		
	Date 08/16/2024	Full name of contributor out-of-state Schickel, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	e PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruct City of Austin	ions)		

	MONET	ARY POLITICAL CONTRIBUTI	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 107/132 Rpt: 110/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Full name of contributor			7	Amount of Contribution (\$)	\$1.30
_	Daine in all access	Austin, TX 78721	<u></u>	Faralassa (Ossalastasstissa			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	S)		
	Date 08/16/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor	#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID Schutt, Kyle  Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID Scott, Austin  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			-				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 108/132 Rpt: 111/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Scott, Austin</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	1-	5 1 (0 1 1 1			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Sedillo, Gabriel Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	(s)		
	Medic	pation / cos tillo (coo molloctono)		City of Austin	,,		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: Sedillo, Gabriel  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Shelton-Collins, Marcus Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: Shelton-Collins, Marcus  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 109/132 Rpt: 112/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC (ID# Sircher, Christopher  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor  out-of-state PAC (ID# Sircher, Christopher  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	_	Employer (See Instructions	:) 		
	Medic	pation 7 dob tale (occ mandellons)		City of Austin	,,		
	Date 08/02/2024	Full name of contributor	:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID# Sklar, Estelle Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID# Slattery, Christian  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBI	UTIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 110/132 Rpt: 113/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state PA Slattery, Christian</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PA Sletten, Spencer Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic	•	City of Austin	•		
	Date 08/16/2024	Full name of contributor out-of-state PA Sletten, Spencer  Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/16/2024	Full name of contributor out-of-state PA Smith, Anthony Contributor address; City; State; Zip Code  Austin, TX 78721	AC (ID#:)	•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> S)		
			1 -			

	MONET	ARY POLITICAL CONTRIBUT	ΓIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 111/132 Rpt: 114/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	5 Full name of contributor  out-of-state PAC ( Smith, Ashlyn  6 Contributor address; City; State; Zip Code	ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	ID#:)	-	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC ( Smith, Joshua Contributor address; City; State; Zip Code  Austin, TX 78721	ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/16/2024	Full name of contributor			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	 s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC ( Soto, Darae  Contributor address; City; State; Zip Code  Austin, TX 78721	I  D#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
			•			

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 112/132 Rpt: 115/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Soto, Darae</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction	s)	9	Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Stec, Ryan Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instruction	(2		Employer (See Instructions	:, 		
	Medic	pation / Job title (See instruction	5)		City of Austin	·)		
	Date 08/16/2024	Full name of contributor Stec, Ryan Contributor address; City; S			)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction	s)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Stedman, Christina  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instruction	s)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Stedman, Christina Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instruction	s)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 113/132 Rpt: 116/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state  out-o</li></ul>			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	la la		<u></u>		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Stephens, Eric		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	İ	Employer (See Instructions	<u> </u> s)		
	Medic	, , , , , , , , , , , , , , , , , , , ,		City of Austin	,		
	Date 08/02/2024	Full name of contributor out-of-state Stevens, Mitchell Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Stevens, Mitchell				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Stowe, Richard	te PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 114/132 Rpt: 117/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Stowe, Richard</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Stubbs, Brian Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code			•	Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	=)		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 08/16/2024	Full name of contributor Stubbs, Brian Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	3)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor Swanner, Emily Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Swanner, Emily Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 115/132 Rpt: 118/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC	3	Filer ID (Ethics Commission F 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Swift, Patrick</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
_	Dringing Logg	Austin, TX 78721	D. Employer (See Instructional			
8	Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	<del></del>		
	Date 08/16/2024	Full name of contributor			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic		City of Austin			
	Date 08/02/2024	Full name of contributor			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: Tait, Grant  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 116/132 Rpt: 119/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of- Tarrillion, Matthew</li> <li>Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$5.00
_	District	Austin, TX 78721		Faradaya (Osadasatisas			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Tekamp, Austin  Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-of- Tekamp, Austin  Contributor address; City; State; Zip C	state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Thomas, Jonathan	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 08/16/2024	Full name of contributor out-of- Thomas, Jonathan Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CON	NTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 117/132 Rpt: 120/137	
2	FILER NAME	s County Emergency Medical Servi	ces Employee DA	C	3	Filer ID (Ethics Commission 00053202	Filers)
_			· ·	<u> </u>	L		
4	Date 08/02/2024	Thomas, Patrick	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$2.00
		6 Contributor address; City; State; Z	ip Code				
_		Austin, TX 78721			Ļ		
8	Principal occu Medic	pation / Job title (See Instructions)		9 Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor 0	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/16/2024	Thomas, Patrick					\$2.00
		Contributor address; City; State; Z	ip Code				
		A TV 70704					
		Austin, TX 78721	<del></del>		_		
		pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Medic			City of Austin			
	Date	<u></u>	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/02/2024	Thompson, Garner					\$1.00
		Contributor address; City; State; Z	ip Code				
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions)	-	Employer (See Instructions	.) 		
	Medic	patient, con the (coe mendenens)		City of Austin	,		
		Full name of contributor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Amount of Contribution (¢)	
	Date 08/16/2024	_	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	00/10/2024		: OI-				Φ1.00
		Contributor address; City; State; Z	ip Code				
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Medic			City of Austin			
	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/02/2024	Thornton, Nichole				(,,	\$3.00
		Contributor address; City; State; Z	ip Code				
		, , , , , , , , , , , , , , , , , , , ,					
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			
			•				

	MONET	ARY POLITICAL CONT	RIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this fo	rm.	1	Total pages Schedule A1: Sch: 118/132 Rpt: 121/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PA	C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024		-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1.				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions     City of Austin	5)		
	Date 08/02/2024	Thornton, Sarah  Contributor address; City; State; Zip C	-state PAC (ID#: ode	)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-of- Thornton, Sarah  Contributor address; City; State; Zip C	-state PAC (ID#: ode			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 08/02/2024	Todd, Joshua  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>;</u> )		
	Date 08/16/2024	Full name of contributor out-of- Todd, Joshua Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			•	processor.			

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 119/132 Rpt: 122/137	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	County Emergency Medical Services Employ	ee PAC		00053202	
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC Toole, Garrett	C (ID#:)	7	Amount of Contribution (\$)	\$3.00
		6 Contributor address; City; State; Zip Code  Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	ıs)		
	Date	Full name of contributor  ut-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	08/16/2024	Toole, Garrett				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	08/02/2024	Toole, Kaytlyn				\$3.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ıs)		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	08/16/2024	Toole, Kaytlyn  Contributor address; City; State; Zip Code				\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ıs)		
	Date 08/02/2024	Full name of contributor out-of-state PAC Torres, Gil	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	padon, sob due (see insudedons)	City of Austin			

	MONET	ARY POLITICAL CONTRIE	BUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 120/132 Rpt: 123/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC	;	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state F</li> <li>Torres, Gil</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$5.00
_		Austin, TX 78721	Ia	5 1 (0 1 1 1			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor out-of-state F Torrez, Ernest  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> ;)		
	Date 08/16/2024	Full name of contributor out-of-state F Tran, Si Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Dringing	Austin, TX 78721	1	Employer (See Instruct)	<u></u>		
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL (	CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rm		1	Total pages Schedule A1: Sch: 121/132 Rpt: 124/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	 C		3	Filer ID (Ethics Commission   00053202	Filers)
4	Date 08/02/2024	<ul><li>5 Full name of contributor Traxel, Joshua</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:tate; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Traxel, Joshua Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	5)		Employer (See Instructions	) 		
	Medic	pation 7 300 title (See Instructions	5)		City of Austin	')		
	Date 08/02/2024	Full name of contributor Trojanowski, Mark Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Trojanowski, Mark  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	6)		Employer (See Instructions City of Austin	i)		
	Date 08/02/2024	Full name of contributor  Van Treese, Taylor  Contributor address; City; S  Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	()		
			1					

	MONET	ARY POLITICAL CONTRIB	BUTIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to complet	e this form.		1	Total pages Schedule A1: Sch: 122/132 Rpt: 125/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	lovee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)		ployer (See Instructions y of Austin	i)		
	Date 08/02/2024	Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Em	ployer (See Instructions	<u> </u>		
	Medic	,		of Austin	,		
	Date 08/16/2024	Full name of contributor out-of-state F VanZandt, Donovan Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		ployer (See Instructions y of Austin	5)		
	Date 08/02/2024	Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	· ·	ployer (See Instructions of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state F Vargas, Eric Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		ployer (See Instructions of Austin	5)		
			,				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 123/132 Rpt: 126/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	Veasna, Renayuddh	f-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
_	Dringing Loon	Austin, TX 78721	lo.	Employer (Coo Instructions	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of Veasna, Renayuddh Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 08/02/2024	Full name of contributor out-of Villalobos, Ana Contributor address; City; State; Zip C	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Villalobos, Ana	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Voelker, Jaime	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 124/132 Rpt: 127/137	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul><li>5 Full name of contributor Voelker, Jaime</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)	9	Employer (See Instructions City of Austin	S)		
	Date 08/02/2024	Full name of contributor Wadham, Gary Contributor address; City; S				•	Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721	-1		Employer (See Instructions	<u>''</u>		
	Medic	pation / Job title (See Instructions	5)		City of Austin	o)		
	Date 08/16/2024	Full name of contributor Wadham, Gary Contributor address; City; S			)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction:	5)		Employer (See Instructions City of Austin	s)		
	Date 08/02/2024	Full name of contributor Ward, Christopher Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor Ward, Christopher Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instruction:	5)		Employer (See Instructions City of Austin	5)		
			1					

	MONET	ARY POLITICAL CONTR	RIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this fo	rm.	1	Total pages Schedule A1: Sch: 125/132 Rpt: 128/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services I	Employee PA	C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024		state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	9 Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Watanabe-O'Toole, Nicholas  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor out-of-s Weber, Wyatt Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 08/16/2024	Weber, Wyatt  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-s Weil, Skyler Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 126/132 Rpt: 129/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor  out-of-state PA</li> <li>Weil, Skyler</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721		Frankriau (Coo katuustisus			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 08/16/2024	Full name of contributor	C (ID#:	)	•	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PA Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PA Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
			•				

	MONET	ARY POLITICAL CONTRIB	UTIONS	5		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete	e this form.		1	Total pages Schedule A1: Sch: 127/132 Rpt: 130/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	ovee PAC		3	Filer ID (Ethics Commission   00053202	Filers)
4	Date 08/02/2024	<ul> <li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)		imployer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	E	Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 08/02/2024	Full name of contributor	AC (ID#:	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		imployer (See Instructions City of Austin	s)		
	Date 08/16/2024	Contributor address; City; State; Zip Code	AC (ID#:		•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state Pa Wetzel, Samuel  Contributor address; City; State; Zip Code  Austin, TX 78721	AC (ID#:	)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 128/132 Rpt: 131/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (IE Wetzel, Samuel  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
_	<u> </u>	Austin, TX 78721		5 1 (0 1 1 1	<u></u>		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (IE White, Anna Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	parent out and (eee measure)		City of Austin	-,		
	Date 08/16/2024	Full name of contributor out-of-state PAC (IE White, Anna Contributor address; City; State; Zip Code	O#:	)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (IE White, Stephen Contributor address; City; State; Zip Code  Austin, TX 78721		)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (IE White, Stephen  Contributor address; City; State; Zip Code  Austin, TX 78721			•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTR	IBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to compl	lete this fo	rm.	1	Total pages Schedule A1: Sch: 129/132 Rpt: 132/137	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor  out-of-sta</li> <li>Wiggin, Stuart</li> <li>Contributor address; City; State; Zip Code</li> </ul>	e PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
_	Delicalizado a com	Austin, TX 78721	1.	2. Faralassa (Osas kastasatisas			
8	Medic	pation / Job title (See Instructions)	!	9 Employer (See Instructions City of Austin	5)		
	Date 08/16/2024	Wiggin, Stuart  Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> S)		
	Date 08/02/2024	Full name of contributor out-of-sta Wilkinson, David Contributor address; City; State; Zip Code	te PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/16/2024	Wilkinson, David  Contributor address; City; State; Zip Code	te PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-sta Williams, Dennis Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				1	1 Total pages Schedule A1: Sch: 130/132 Rpt: 133/137			
2	FILER NAME Austin Travis	FILER NAME Austin Travis County Emergency Medical Services Employee PAC			3	3 Filer ID (Ethics Commission Filers) 00053202			
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$5.00			
_	Deireitad	Austin, TX 78721	- 10	Fundament (Construction					
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)				
	Date 08/02/2024				Amount of Contribution (\$)	\$3.00			
	Austin, TX 78721  Principal occupation / Job title (See Instructions)  Employer (See Instruction				<u> </u>				
	Medic			City of Austin					
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:) Winters, John Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$3.00			
		Austin, TX 78721							
Principal occupation / Job title (See Instructions) Medic				Employer (See Instructions) City of Austin					
	Date 08/02/2024				Amount of Contribution (\$)	\$3.00			
	Principal occupation / Job title (See Instructions)  Medic			Employer (See Instructions) City of Austin					
	Date 08/16/2024			•	Amount of Contribution (\$)	\$3.00			
				Employer (See Instructions City of Austin	s)				
			•						

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1				
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 131/132 Rpt: 134/137			
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	vee PAC	3	Filer ID (Ethics Commission 00053202	Filers)		
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$3.00		
_	Deinsinal	Austin, TX 78721						
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s) 				
	Date 08/16/2024				Amount of Contribution (\$)	\$3.00		
	Austin, TX 78721  Principal occupation / Job title (See Instructions) Employer (See Instruction			s)				
	Medic	,	City of Austin					
	Date 08/02/2024				Amount of Contribution (\$)	\$3.00		
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)				
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00		
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)				
	Date 08/02/2024				Amount of Contribution (\$)	\$5.00		
	Principal occu Medic	Principal occupation / Job title (See Instructions) Employer (See Instruc						

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1				
	The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 132/132 Rpt: 135/137			
2	FILER NAME	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission I 00053202	-ilers)		
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$5.00		
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9 Employer (See Instructions					
0	Medic	pation / Job title (See Instructions)	City of Austin	')				
	Date 08/02/2024				Amount of Contribution (\$)	\$4.00		
	Dringing aggr	Austin, TX 78721	Employer (See Instructions	_				
	Medic Medic	pation / Job title (See Instructions)	City of Austin	ons)				
	Date 08/16/2024				Amount of Contribution (\$)	\$4.00		
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)				
	Date Full name of contributor out-of-state PAC (ID#:  Vasui, Benjamin  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.00		
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>)</u>				
	Date 08/16/2024				Amount of Contribution (\$)	\$1.00		
	Principal occu Medic	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		<u>(</u>				

	LOANS						SCH	EDULE	E
	The Instruction Guide explains how to complete this form						es Schedule E: . Rpt: 136/13		
2	FILER NAME Austin Travis Co	ounty Emergency Medical Services Employe	ee PA	AC	3 Filer ID (Ethics				s)
4	TOTAL OF UN	IITEMIZED LOANS			I		\$		0.00
5	Date of loan	7 Name of lender out-of-sta	ate PA	C (ID#:			9 Loan Amou	nt (\$)	
6	Is lender a financial institution?	8 Lender address; City; Sta	ate;	Zip Code			<b>10</b> Interest Rat	e	
							<b>11</b> Maturity Da	te	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruc	ctions)	'			
14	Description of Coll	ateral		15 Check if personal fund	osited	d into political account (See Instructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Gu	aranteed (	\$)
	not applicable	18 Guarantor address; City; Sta	ate;	Zip Code					
20	Principal occupation	on		21 Employer (See Instruc	ctions)				

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 137/137	Austin Travis County Emergency Medical Services 00053202				
4 Date	5 Payee name				
08/02/2024	City of Austin				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$32.90	15 Waller st				
Expenditure from corporate funds	Austin, TX 78702				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Payroll deduction fees				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/Ol					
Date	Payee name				
08/16/2024	City of Austin				
Amount (\$)	Payee address; City; State; Zip Code				
\$33.10	15 Waller st				
Evanditure from					
Expenditure from corporate funds	Austin, TX 78702				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Payroll deduction fee				
Complete ONLY if direct	Condidate/Officeholder come				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date Payee name					
08/22/2024	Jeff Travillion Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	PO Box 5674				
Ψ1,000.00	1 0 200,0014				
Expenditure from corporate funds	Austin, TX 78762				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
-	Candidate/Officeholder/Political Committee Campaign contribution				
	Campaign Contribution				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					