#### 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) 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 10/01/2024 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 X October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

**GO TO PAGE 2** 

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

CONTRIBUTIONS MADE ELECTRONICALLY)  check here if this report qualifies for the higher itemization threshold  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES FOTALS  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE						
A COMMITTEE ACTIVITY    A COMMITTEE ACTIVITY						,
ACTIVITY  (Attach liets on plain page to complete lies in plain page to complete lies in plain page to complete lies in plain page to complete lies in plain to complete lies in plain to complete lies in plain to pla	Austin Travis County E	Emergency Medical Serv	rices Employee PAC	<u> </u>	00053202	
ASSISTED TOTALS  2. Measures 1. Opposed 2. Measures 1. Opposed 2. Measures 1. Opposed 3. Officeholders 2. Assisted 3. Opposed 3. Officeholders 3. Assisted 4. Opposed 4. Opposed 5. Opposed 6. Opposed			A. Supported			
2. Measures   Describe by date and location of electron and nature of issue)	ACTIVITY					
Contribution   State and location of deciden and nature of fecules and nature of fecul	paper to complete this		B. Opposed			
B. Opposed		2 Managuras	A Supported			
3. Officeholders Assisted (didmitly by pame or, if if generative, classify by party)  5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE LECTRONICALLY)   check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said		(Describe by date and location	A. Supported			
ASSISTED  (Identify by name or, if applicable, clearly) by party.)  5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  5. TOTAL POLITICAL EXPENDITURES  6. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. AFFIDAVIT  1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said			B. Opposed			
disamptity by paramy or, if applicables, classisty by party)		3. Officeholders				
TOTALS    PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   check here if this report qualifies for the higher itemization threshold		(Identify by name or, if				
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  7. LAST DAY OF THE REPORTING PERIOD  8. 0.  6. AFFIDAVIT  1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day		PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES O IADE ELECTRONICAL	F LOANS, OR LLY)	\$	0.00
S. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. AFFIDAVIT  1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day					\$	1,005.38
1,483.  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  8 0.  6. AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day		`		,	\$	0.00
BALANCE OF THE REPORTING PERIOD \$ 91,396.  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.  Is wear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day		4. TOTAL POLITICA	L EXPENDITURES		\$	1,483.90
LOAN TOTALS  LAST DAY OF THE REPORTING PERIOD  I Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said				INTAINED AS OF THE LAST	DAY \$	91,396.71
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day		•			THE \$	0.00
true and correct and includes all information required to be reported by me under Title 15, Election Code.  Ms. Selena Xie  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day	.6 AFFIDAVIT	<u> </u>				
Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day			true and	d correct and includes all info	erjury, that the a	accompanying report is d to be reported by me
AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day				Ms. Se	elena Xie	
Sworn to and subscribed before me, by the said, this the day				Signature of Ca	ampaign Treasu	ırer
	AFFIX NOTAR	Y STAMP / SEAL ABOVE				
	Sworn to and subscribe	d before me, by the said		.1	this the	dav
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of officer a	dministering oath	Printed name of office	er administering oath	Title of office	cer administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

					3 of 73
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics C	ommission Filers)
		vis County Emergency Medical Services Employee PAC	00053202		
		E SUBTOTALS SCHEDULE		SUB	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,005.38
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		\$			
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	1,483.90
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 I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 1/68 Rpt: 4/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (I Adcock, Brandon</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 09/13/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	·		City of Austin	•		
	Date 09/13/2024	Full name of contributor  out-of-state PAC (I Albear, Oscar Contributor address; City; State; Zip Code	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 09/13/2024	Full name of contributor out-of-state PAC (I Allen, Janel 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 09/13/2024	Full name of contributor out-of-state PAC (I Almaguer, Luis 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 (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 2/68 Rpt: 5/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Almodovar, Alejandra</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 Instruction	9		Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	Full name of contributor Anderson, Scott  Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721			Employer (See Instructions	<u>''</u>		
	Medic	pation / Job title (See Instruction	5)		City of Austin	o)		
	Date 09/13/2024	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 Instruction	(5)		Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	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 Instruction	s)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Armstrong, Charles Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 3/68 Rpt: 6/73	
2	FILER NAME Austin Travis	County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Arocha-Guerra, Val</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: atte; 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 09/13/2024	Full name of contributor Aubin, Scott  Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	(i)		
	Medic	panon, cos uno (cos monacuono)		City of Austin	,		
	Date 09/13/2024	Full name of contributor Aune, Joseph Contributor address; City; Sta	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 09/13/2024	Full name of contributor Avila, America  Contributor address; City; Sta  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	5)		
	Date 09/13/2024	Full name of contributor Azelton, Andrew  Contributor address; City; Sta	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)		
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	MONET	ARY POLITICAL COI	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 4/68 Rpt: 7/73	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Bailey, Charles	out-of-state PAC (ID#: Zip Code		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 09/13/2024	Bailey, James  Contributor address; City; State; 2	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 09/13/2024	Full name of contributor	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 09/13/2024	Full name of contributor	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)		
	Date 09/13/2024	Full name of contributor Gaker, Coty  Contributor address; City; State; 2  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	<u> </u>		
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	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 5/68 Rpt: 8/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Baker, 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 Instruction	5)	9	Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	Full name of contributor Balboa, Adam Contributor address; City; S			)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instruction:	s)		Employer (See Instructions	<u>s)</u>		
	Medic	pation / Job title (See Instruction)			City of Austin	"		
	Date 09/13/2024	Full name of contributor Barch-Chandler, Travis Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction:	5)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Barnhart, Jennifer 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 Instruction	S)		Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	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 Instruction	5)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIB		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 6/68 Rpt: 9/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<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 09/13/2024	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 09/13/2024	Full name of contributor out-of-state PA Beaver, Camille  Contributor address; City; State; Zip Code	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 09/13/2024	Full name of contributor out-of-state PA Bell, Jory  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 09/13/2024	Full name of contributor out-of-state PA  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	S)		
			•				

	MONET	ARY POLITICAL CONTRI		SCHEDULE A			
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 7/68 Rpt: 10/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>5 Full name of contributor  out-of-state  out-of-</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 09/13/2024	Blais, Braden  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 09/13/2024	Full name of contributor out-of-state Blume, Michael Contributor address; City; State; Zip Code	te 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 09/13/2024	Bockewitz, William		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> S)		
	Date 09/13/2024	Full name of contributor out-of-state Braunstein, Spencer Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<b>'</b>				

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 8/68 Rpt: 11/73	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 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	5)		
	Date 09/13/2024	Full name of contributor	ut-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	pation 7 005 title (Oce motivations)		City of Austin	')		
	Date 09/13/2024	Full name of contributor on the Brown, Christopher  Contributor address; City; State; Z	ut-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 09/13/2024	Full name of contributor on the sum of contributor on the sum of contributor address; City; State; Zity; Stat	ut-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>   (i)		
	Date 09/13/2024	Full name of contributor o Bumpus, Ross Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			1				

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 9/68 Rpt: 12/73	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	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	i)		
	Date 09/13/2024	Full name of contributor  Cabrera, Ryan  Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions			
	Medic	pation / 300 title (See instructions)		City of Austin	')		
	Date 09/13/2024	Full name of contributor  Cain, Christopher  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 09/13/2024	Full name of contributor Calderon, Audrey Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$0.27
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 09/13/2024	Full name of contributor  Cantonis, Carl  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 C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/68 Rpt: 13/73	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PA	ı.C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor</li><li>Carter, Emma</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	ı				
8	Principal occu Medic	pation / Job title (See Instructions		9 Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Cartmill, Andres Contributor address; City; St	out-of-state PAC (ID#:_ate; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	(	Employer (See Instructions	5)		
	Medic			City of Austin			
	Date 09/13/2024	Full name of contributor Cavarretta, James Contributor address; City; St	out-of-state PAC (ID#:_ ate; 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 09/13/2024	Full name of contributor  Cendejas, Jacqueline  Contributor address; City; St	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> )		
	Date 09/13/2024	Full name of contributor Chavez, Erin Contributor address; City; St	out-of-state 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	,		

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1		
	The Instru	ction Guide explains how to complete tl	his form.	1	Total pages Schedule A1: Sch: 11/68 Rpt: 14/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:)	7	Amount of Contribution (\$)	\$1.00
_	<u> </u>	Austin, TX 78721	19.5.1(9.1.1.1)	Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s) 		
	Date 09/13/2024	Full name of contributor out-of-state PAC Chhabra, Ranjit Contributor address; City; State; Zip Code	· (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date 09/13/2024	Full name of contributor out-of-state PAC Ciminera, Joseph 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	s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC Clark, Rajiv 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 09/13/2024	Full name of contributor out-of-state PAC Clark, William Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
			<u> </u>			

	MONET	ARY POLITICAL (	CONTRIBUTION	V	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 12/68 Rpt: 15/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Cluskey, Francis</li><li>6 Contributor address; City; S</li></ul>	out-of-state 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 09/13/2024	Full name of contributor Cole, Jason Contributor address; City; S	out-of-state PAC (ID#:				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 09/13/2024	Full name of contributor Coleman, James 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 09/13/2024	Full name of contributor Cooper, Matthew 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 09/13/2024	Full name of contributor Cornwall, Angela Contributor address; City; Si 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)		
			,					

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 13/68 Rpt: 16/73	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Costantino, John	of-state PAC (ID#: 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	s)		
	Date 09/13/2024	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	 s)		
	Medic	,		City of Austin	,		
	Date 09/13/2024	Full name of contributor out-out-out-out-out-out-out-out-out-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	5)		
	Date 09/13/2024	Crouch, William	of-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 09/13/2024	Full name of contributor out-of Cruz Zarate, Hector Contributor address; City; State; Zip of 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	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 14/68 Rpt: 17/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (I Cummings, Daniel  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
_	Duinning Langu	Austin, TX 78721	O Family of (Con Instruction			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	S)		
	Date 09/13/2024	Full name of contributor  out-of-state PAC (IDamron, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic	,	City of Austin	•		
	Date 09/13/2024	Full name of contributor  out-of-state PAC (I Davis, Kenneth  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (I Davis, Richard  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> s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (IDeLong, Jonathan 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)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/68 Rpt: 18/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission F 00053202	-ilers)
4	Date 09/13/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Dean-Masse, Dustin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
8	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 09/13/2024	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	)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John  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	)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph 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	)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	ction Guide explains how to c	complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/68 Rpt: 19/73	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor  o Duran, Bryan</li><li>6 Contributor address; City; State; Z</li></ul>	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
_	Daine in all account	Austin, TX 78721	1.	2. Englisher (Car Instruction			
8	Medic	pation / Job title (See Instructions)		9 Employer (See Instructions City of Austin	<u></u>		
	Date 09/13/2024	Full name of contributor	ut-of-state 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 09/13/2024	Full name of contributor	ut-of-state PAC (ID#: Cip Code	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 09/13/2024	Edmonson, Savanna  Contributor address; City; State; Z	ut-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	5)		
	Date 09/13/2024	Full name of contributor o  Eeten, John  Contributor address; City; State; Z  Austin, TX 78721	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONT	TRIBUTIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 17/68 Rpt: 20/73	
2	FILER NAME Austin Travis	s County Emergency Medical Service		3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>		7	Amount of Contribution (\$)	\$1.00
_	Driverinal	Austin, TX 78721	O Family on (Contrastructions			
8	Medic	pation / Job title (See Instructions)	Employer (See Instructions)     City of Austin	5)		
	Date 09/13/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$3.00
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / Job title (See Instructions)	City of Austin	>)		
	Date 09/13/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	s)		
	Date 09/13/2024	Emmick, Christopher  Contributor address; City; State; Zip	of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$4.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	<u> </u> s)		
	Date 09/13/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$3.30
	Dringing! cos:	Austin, TX 78721	Employor /Coo Instructions	,, 		
	Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	·)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 18/68 Rpt: 21/73	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Full name of contributor     Engstrom, Justin     Contributor address; City; State	out-of-state PAC (ID#:;	)	7	Amount of Contribution (\$)	\$1.50
		Austin, TX 78721	,				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Ferguson, John Contributor address; City; State	out-of-state PAC (ID#:; 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 09/13/2024	Full name of contributor Ferguson, Thomas Contributor address; City; State	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Fernandez, Eric 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> </u> 5)		
	Date 09/13/2024	Full name of contributor Figueroa, Joshua 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 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: 19/68 Rpt: 22/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state P Finch, Walter</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 09/13/2024	Full name of contributor out-of-state P Fitzpatrick, Bryan 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>		
	Medic	,		City of Austin	,		
	Date 09/13/2024	Full name of contributor	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 09/13/2024	Full name of contributor out-of-state P Flores, Raul 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 09/13/2024	Full name of contributor out-of-state P Flores, Robert  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 Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 20/68 Rpt: 23/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (I Flores, Tiana  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 09/13/2024	Full name of contributor		)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	panon, 002 and (000 mondono),		City of Austin	-,		
	Date 09/13/2024	Full name of contributor  out-of-state PAC (I Gallio, Riane 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 09/13/2024		Full name of contributor out-of-state PAC (I Garcia, Bianca 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 09/13/2024	Full name of contributor out-of-state PAC (I Gardner, Dale 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)		
			1				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 21/68 Rpt: 24/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor</li></ul>	D#:)	7	Amount of Contribution (\$)	\$3.00
_	Dein sin al a sau	Austin, TX 78721	D. Frankrije (O. J. Instruction			
8	Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	s) 		
	Date 09/13/2024	Full name of contributor  out-of-state PAC (I Gastelum, Aaron  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 09/13/2024	Full name of contributor  out-of-state PAC (I Gold, Mora  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (I Gordon, Jennifer 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> s)		
	Date 09/13/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$3.00
	<u> </u>	Austin, TX 78721		Ĺ		
	Principal occu Medic	pation / Job title (See Instructions)	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: 22/68 Rpt: 25/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	/ee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PAC Gregson, Jordan</li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	Dein sin al a sau	Austin, TX 78721	le Fault (Control to the street	<u></u>		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	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 09/13/2024	Full name of contributor out-of-state PAC Griffith, Kimberly 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	s)		
	Date 09/13/2024	Contributor address; City; State; Zip Code	C (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 09/13/2024	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	s)		

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 23/68 Rpt: 26/73
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Austin Travis	County Emergency Medical Services Employee	PAC	00053202
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (ID Hadden, Justin	)	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)	9 Employer (See Instructions City of Austin	ons)
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID Haggarty, Timothy  Contributor address; City; State; Zip Code		Amount of Contribution (\$)
		Austin, TX 78721		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ons)
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID 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	ons)
	Date Full name of contributor out-of-s 09/13/2024 Hairston, Christopher  Contributor address; City; State; Zip Co		#:)	Amount of Contribution (\$) \$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ons)
	Date 09/13/2024	Full name of contributor	#:)	Amount of Contribution (\$) \$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	ons)
			·	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 24/68 Rpt: 27/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-st Hanks, Kaden</li> <li>Contributor address; City; State; Zip Cod</li> </ul>	tate 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 09/13/2024	Full name of contributor out-of-st Hargrave, Jeffrey Contributor address; City; State; Zip Cod		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/13/2024	Full name of contributor out-of-st Harner, Kevin Contributor address; City; State; Zip Cod	tate 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 09/13/2024	Hawthorne, Cole		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Hay, Keli	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 CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/68 Rpt: 28/73	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Austin Travis	County Emergency Medical Services Employee PA	vC		00053202	
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob	)	7	Amount of Contribution (\$)	\$3.00
		6 Contributor address; City; State; Zip Code  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  ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/13/2024	Hernandez, Hugo				\$1.00
		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  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/13/2024 Hernandez Arias, Alejandra					\$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	s)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/13/2024	Herrera, Caroline  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	s)		
	Date 09/13/2024	Full name of contributor			Amount of Contribution (\$)	\$5.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) [		
	Medic	panon, ood une (oce manaenona)	City of Austin	·)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 26/68 Rpt: 29/73	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Full name of contributor     Hilaire, Cedrick     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	5)		
	Date 09/13/2024	Full name of contributor Hindman, Justin Contributor address; City; State	out-of-state PAC (ID#:e; 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 09/13/2024	Full name of contributor Hindman, Shelby Contributor address; City; State	out-of-state PAC (ID#:e; 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 09/13/2024	Full name of contributor Holland, Travis Contributor address; City; State 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)		
	Date 09/13/2024	Full name of contributor  Howell, Joseph  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 C	CONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 27/68 Rpt: 30/73	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Full name of contributor     Huitt, Andrew     Contributor address; City; Sta	out-of-state PAC (ID#:	)	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	s)		
	Date 09/13/2024	Full name of contributor Jackson, Bryan Contributor address; City; Sta		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	)	Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 09/13/2024	Full name of contributor Jacobsen, Patrick  Contributor address; City; Sta	out-of-state 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 09/13/2024	Full name of contributor Jakubauskas, Eric Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor James, Jonathan Contributor address; City; Sta	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)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 28/68 Rpt: 31/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PA Jensen, David</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
•	Dringing oggu	Austin, TX 78721	lo.	Employer (See Instruction	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor out-of-state PA  Jimenez, Noah  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 09/13/2024	Full name of contributor out-of-state PA Jimenez Unzueta, Marco 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 09/13/2024	Full name of contributor out-of-state PA Johns, Edward  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 09/13/2024	Full name of contributor out-of-state PA Johnson, Andy 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 CONTRII	BUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 29/68 Rpt: 32/73	
2	FILER NAME Austin Travis	County Emergency Medical Services Em	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state Junod, 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 09/13/2024	Kalinowski, Jonathan	PAC (ID#:	)	•	Amount of Contribution (\$)	\$1.40
	Principal occur	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Medic	pation / 300 tale (See Instructions)		City of Austin	<i>&gt;)</i>		
	Date 09/13/2024	Full name of contributor out-of-state Kaminowitz, Robert 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 09/13/2024	Kane, Mikel	PAC (ID#:	)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor out-of-state Keef, Sean 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 CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 30/68 Rpt: 33/73	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Full name of contributor     Kelly, Nolan     Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$5.27
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor  Kimble, Alena  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin			
	Date 09/13/2024	Full name of contributor Kingsbury, Dillon 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 09/13/2024	Full name of contributor Kirmanidis, Andre 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>(</u>		
	Date 09/13/2024	Full name of contributor Knauer, Andrew 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	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 31/68 Rpt: 34/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: 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 09/13/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 09/13/2024	Full name of contributor  out-of-state PAC (ID#: Koller, Joel 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)		
09/13/2024		Full name of contributor out-of-state PAC (ID#: 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	<u>l</u> 5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: Kownacki, Benjamin 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	V	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 32/68 Rpt: 35/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Kraemer, Ashley</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 09/13/2024	Full name of contributor Krampitz, Casey  Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Medic	pation / oob title (eee metactions	,		City of Austin	,,		
	Date 09/13/2024	Full name of contributor Kraus, Stephen 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	s)		
	Date 09/13/2024	Full name of contributor Krycia, Noah 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 09/13/2024	Full name of contributor Kurtze, Benedict 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	s)		
			•					

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 33/68 Rpt: 36/73	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	County Emergency Medical Services Employee	PAC		00053202	
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (ID Lamoureux, Nicholas	)#:)	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)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	09/13/2024	Lancaster, Eric				\$2.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	09/13/2024	LeFan, Rebecca				\$2.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
_	Date	Full name of contributor		T	Amount of Contribution (\$)	
	09/13/2024	Leibin, Michael  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	s)		
	Date 09/13/2024	Full name of contributor			Amount of Contribution (\$)	\$3.00
		Contributor address; City; State; Zip Code				
	Dulmatical	Austin, TX 78721	Empleyer (Or. 1. 1. 1.	<u>-</u> ,		
	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 t	form.	1	Total pages Schedule A1: Sch: 34/68 Rpt: 37/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC	3	Filer ID (Ethics Commission I 00053202	-ilers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Lester, Christopher</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$1.00
_	Dein sin al a sau	Austin, TX 78721	D. Farala and Construction			
8	Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	<u> </u>		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Leyva, Andrew  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 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Lidster, Matthew  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	i)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Lindsay, Ross  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	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Lines, Bradley 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> </u>		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 35/68 Rpt: 38/73	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Full name of contributor     Lopez, Cindy     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 09/13/2024	Full name of contributor  Lopez, Lindsay  Contributor address; City; Stat		)		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 09/13/2024	Full name of contributor Lopez, Ramon 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 09/13/2024	Full name of contributor  Lozano Avila, Victor  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>l</u> s)		
	Date 09/13/2024	Full name of contributor Lydon, Cassandra Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 36/68 Rpt: 39/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee I	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (ID# Lynch, Brian  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 09/13/2024	Full name of contributor out-of-state PAC (ID# Malgieri, Anthony  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 09/13/2024	Full name of contributor  out-of-state PAC (ID# Mallon, Paul 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	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID# Malone, Jordan 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 09/13/2024	Full name of contributor out-of-state PAC (ID# Mancia Covarrubias, Adonay  Contributor address; City; State; Zip Code  Austin, TX 78721	<i>‡</i> :	)		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	TION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 37/68 Rpt: 40/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (I Mancias, Vivian  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 09/13/2024	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 09/13/2024	Full name of contributor	(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 09/13/2024	Full name of contributor out-of-state PAC (I 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> 5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC ( Martinez, Henry  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 CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 38/68 Rpt: 41/73	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Maxwell, Aaron  Contributor address; City; State; 2	out-of-state 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 09/13/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.27
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor  McClelland, Sterling  Contributor address; City; State; 2	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> 5)		
	Date 09/13/2024	Full name of contributor Grand of McDaniel, Michael  Contributor address; City; State; 2  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$9.50
	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	<b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 39/68 Rpt: 42/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<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 09/13/2024	McIntire, Morgan		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/13/2024	Full name of contributor out-of-state  McLaughlin, Kathleen  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 09/13/2024	McNiff, Katie		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Mead, Catrina	te 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 CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 40/68 Rpt: 43/73	
2	FILER NAME Austin Travis	s County Emergency Medical Sei	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Medina, Jonathan</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 09/13/2024	Full name of contributor  Megally, Maureen  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 09/13/2024	Full name of contributor  Mendez, Corey  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 09/13/2024	Full name of contributor  Mestaz, Thomas  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> 5)		
	Date 09/13/2024	Full name of contributor  Meyer, Brett  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)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 41/68 Rpt: 44/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor out-of-s Miller, 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 09/13/2024	Full name of contributor out-of-s Mireles, Guadalupe Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 09/13/2024	Full name of contributor	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 09/13/2024	Monson, Nancy	state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor out-of-s  Moore, Alexander  Contributor address; City; State; Zip Co	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 (	CONTRIBUTION	NS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 42/68 Rpt: 45/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Moore, Garrett</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 Instruction City of Austin	is)		
	Date 09/13/2024	Full name of contributor  Morris, Kyle  Contributor address; City; Si				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)	Employer (See Instruction	l ns)		
	Medic			City of Austin			
	Date 09/13/2024	Full name of contributor  Morrison, Timothy  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	(3)	Employer (See Instruction City of Austin	ns)		
	Date 09/13/2024	Full name of contributor Morton, Rebecca Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instruction City of Austin	ıs)		
	Date 09/13/2024	Full name of contributor  Muniz, Brian  Contributor address; City; St  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	(5)	Employer (See Instruction City of Austin	is)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 43/68 Rpt: 46/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state  out-of-state</li> <li>Murphy, Michelle</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 09/13/2024	Murry, Richard  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 09/13/2024	Full name of contributor out-of-state Nance, Megan 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 09/13/2024	Negron, Luis		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> S)		
	Date 09/13/2024	Nelson, William		)		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 (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 44/68 Rpt: 47/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Nguyen, Christopher</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 09/13/2024	Full name of contributor Noak, Darren  Contributor address; City; S	out-of-state PAC (ID#:				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 09/13/2024	Full name of contributor Noble, Keith 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	5)		
	Date 09/13/2024	Full name of contributor Noftle, Rachel 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 09/13/2024	Full name of contributor Nudelman, Lee 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	5)		
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	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: 45/68 Rpt: 48/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PA		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state Olivarez, Dominique</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
•	Dringing! goog	Austin, TX 78721	T,	D. Employer (Con Instructions			
8	Medic Medic	pation / Job title (See Instructions)		Employer (See Instructions     City of Austin	···		
	Date 09/13/2024	Full name of contributor	PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Medic	pation 7 oob tale (eee modulons)		City of Austin	,,		
	Date 09/13/2024	Full name of contributor out-of-state Orr, John 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	s)		
	Date 09/13/2024	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 09/13/2024	Full name of contributor out-of-state Pailes, Kenneth  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Γ	Employer (See Instructions	<u> </u>		
	Medic	pane, voo ano (oce monuciono)		City of Austin	· <i>)</i>		

	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: 46/68 Rpt: 49/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Palmer, Jacob</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) g		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Patterson, Roger  Contributor address; City; S			)		Amount of Contribution (\$)	\$4.50
	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 09/13/2024	Full name of contributor Pearson, Kayla 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 09/13/2024	Full name of contributor Perry, 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	5)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Phillips, Heather 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	s)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 47/68 Rpt: 50/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor  out-of-state PAC ( Phillips, Kyle  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 09/13/2024	Full name of contributor  out-of-state PAC ( Pizzonia, Alexander  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> s)		
	Medic	,		City of Austin	-,		
	Date 09/13/2024	Full name of contributor	(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 09/13/2024	Full name of contributor out-of-state PAC ( Poss, Lauren  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 09/13/2024	Full name of contributor out-of-state PAC ( Powell-Evans, Simon  Contributor address; City; State; Zip Code  Austin, TX 78721	(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 CONTRIB	UTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 48/68 Rpt: 51/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PA</li> <li>Powers, Kristy</li> <li>Contributor address; City; State; Zip Code</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 09/13/2024	Full name of contributor  out-of-state PA Price, Amber  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 09/13/2024	Full name of contributor	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 09/13/2024	Full name of contributor out-of-state PA Puckett, James  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$2.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 09/13/2024	Full name of contributor out-of-state PAP Pursley, Shaun  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	s)		
			1				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 49/68 Rpt: 52/73	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Quiroz Mendez, Jesus	ut-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 09/13/2024	Full name of contributor		)		Amount of Contribution (\$)	\$13.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 09/13/2024	Full name of contributor on the contributor of contributor address; City; State; Z	ut-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	)		
	Date 09/13/2024	Full name of contributor on the contributor of contributor on the contributor address; City; State; Zon on the contributor address; City; State; Zon on the contributor address; City; State; Zon on the contributor of contributor contri	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor on the contributor of contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City;	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 50/68 Rpt: 53/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<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 09/13/2024	Full name of contributor out-of-state PAC (IE Rawn, Madison 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>s)</u>		
	Medic	pation 7 300 title (See Instructions)		City of Austin	<i>&gt;)</i>		
	Date 09/13/2024	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 09/13/2024	Full name of contributor out-of-state PAC (IE Redd, Kevin  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	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID Regier, Natalie 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 C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 51/68 Rpt: 54/73	
2	FILER NAME Austin Travis	County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Reilly, Susanna</li><li>6 Contributor address; City; Sta</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 09/13/2024	Full name of contributor Remus, Hannah Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	<u>:)</u>		
	Medic	pation 7 300 title (See Instituctions,	'	City of Austin	"		
	Date 09/13/2024	Full name of contributor Reyes, Christopher Contributor address; City; Sta	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 09/13/2024	Full name of contributor Rice, Larry  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#:ate; Zip Code	)	-	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Richter, Lauren Contributor address; City; Sta	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 CON	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 52/68 Rpt: 55/73	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Risinger, Russell	ut-of-state 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	5)		
	Date 09/13/2024	Rivera, Nathaniel  Contributor address; City; State; Z	ut-of-state PAC (ID#: ip 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 09/13/2024	Full name of contributor on Robbins, Joseph Contributor address; City; State; Z	ut-of-state PAC (ID#: ip 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 09/13/2024	Full name of contributor on Rocha, Andrea  Contributor address; City; State; Z  Austin, TX 78721	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 09/13/2024	Full name of contributor on Rodgers, Jared  Contributor address; City; State; Z  Austin, TX 78721	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 53/68 Rpt: 56/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor out-of-state PAR Rodriguez, Andrew  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 09/13/2024	Full name of contributor  out-of-state PAI Rodriguez, Giovanni Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Medic	pation 7 oob tale (occ mondetons)		City of Austin	٠,		
	Date 09/13/2024	Full name of contributor  out-of-state PAI Roe, Lillian 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 09/13/2024	Full name of contributor out-of-state PAGE Rogers, Darren  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>l</u> s)		
	Date 09/13/2024	Full name of contributor out-of-state PAGE Rogers, Wesley  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 C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 54/68 Rpt: 57/73	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor  Romo, Jodeci  6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		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 09/13/2024	Full name of contributor  Rose, Donald  Contributor address; City; Sta		)		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 09/13/2024	Full name of contributor Rutledge, Lindsey 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 09/13/2024	Full name of contributor Salmeron, Alejandro 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	<u> </u> 5)		
	Date 09/13/2024	Full name of contributor Sandoval Ruano, Edward 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)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 55/68 Rpt: 58/73	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	5 Full name of contributor out Santiago, Sabrina	-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 09/13/2024	Full name of contributor out Scamman, Alexis 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	pation / 300 title (300 matricelons)		City of Austin	"		
	Date 09/13/2024	Full name of contributor out Schickel, Matthew Contributor address; City; State; Zip	o 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 09/13/2024	Full name of contributor out Schulz, Douglas Contributor address; City; State; Zip Austin, TX 78721	-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor out Schutt, Kyle Contributor address; City; State; Zip Austin, TX 78721	o 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 CO	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 56/68 Rpt: 59/73	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Full name of contributor     Scott, Austin     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	5)		
	Date 09/13/2024	Full name of contributor Sedillo, Gabriel Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>)                                    </u>		
	Medic	pation / oob title (occ mondetions)		City of Austin	',		
	Date 09/13/2024	Full name of contributor Shelton-Collins, Marcus 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 09/13/2024	Full name of contributor Sircher, Christopher 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 09/13/2024	Full name of contributor Sklar, Estelle 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 CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 57/68 Rpt: 60/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<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 09/13/2024	Full name of contributor out-of-state PAC Sletten, Spencer 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	paner. 7 500 and (CCC mendano)		City of Austin	-,		
	Date 09/13/2024	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 09/13/2024	Full name of contributor out-of-state PAC Smith, Ashlyn  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 09/13/2024	Full name of contributor out-of-state PAC Smith, Joshua 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 CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 58/68 Rpt: 61/73	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor out-of Soto, Darae</li> <li>Contributor address; City; State; Zip of State</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	ļ				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor out-contributor out-contributor address; City; State; Zip of	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	paner, cos une (cos monustro)		City of Austin	,		
	Date 09/13/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state 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 09/13/2024	Stephens, Eric	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>   (i)		
	Date 09/13/2024	Full name of contributor out-of Stevens, Mitchell Contributor address; City; State; Zip of 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	5)		
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	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 59/68 Rpt: 62/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PAC Stowe, Richard</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 09/13/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/13/2024	Full name of contributor out-of-state PAC Swanner, Emily 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 09/13/2024	Full name of contributor out-of-state PAC Swift, Patrick 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 09/13/2024	Full name of contributor out-of-state PAC Tait, Grant 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	IS 		SCHEDULE F	<b>\1</b>
	The Instru	ction Guide explains how	to complete this for	m.		1 Total pages Schedule A1: Sch: 60/68 Rpt: 63/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		;	3 Filer ID (Ethics Commission File 00053202	ers)
4	Date 09/13/2024	Full name of contributor     Tarrillion, Matthew     Contributor address; City; Si	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 City of Austin			
	Date 09/13/2024	Full name of contributor Tekamp, Austin Contributor address; City; S				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions		Employer (See	Instructions)		
	Medic	pation / Job title (See Instructions	)	City of Austin			
	Date 09/13/2024	Full name of contributor Thomas, Jonathan 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 City of Austin			
	Date 09/13/2024	Full name of contributor Thomas, Patrick  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	s)	Employer (See City of Austin			
	Date 09/13/2024	Full name of contributor Thompson, Garner Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	(3)	Employer (See City of Austin			

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 61/68 Rpt: 64/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul><li>5 Full name of contributor Thornton, Nichole</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) <u> </u>	9	Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	Full name of contributor Thornton, Sarah Contributor address; City; S			)	•	Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	5)		Employer (See Instructions	<i>s)</i>		
	Medic	pation / dob title (dee matractions			City of Austin	,,		
	Date 09/13/2024	Full name of contributor Todd, Joshua Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Toole, Garrett  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 09/13/2024	Full name of contributor Toole, Kaytlyn 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)		
			1					

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 62/68 Rpt: 65/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state F Torres, Gil</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 09/13/2024	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 09/13/2024	Full name of contributor	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 09/13/2024	Full name of contributor out-of-state F Traxel, Joshua 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 09/13/2024	Full name of contributor out-of-state F Trojanowski, Mark 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)		
			<b>,</b>				

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 63/68 Rpt: 66/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state F</li> <li>Van Treese, Taylor</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 09/13/2024	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 09/13/2024	Full name of contributor out-of-state F Vargas, Eric 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 09/13/2024	Full name of contributor out-of-state F Veasna, Renayuddh 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 09/13/2024	Full name of contributor out-of-state F Villalobos, Ana 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)		
			'				

	MONET	ARY POLITICAL (	CONTRIBUTION	V	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 64/68 Rpt: 67/73	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	)		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	Full name of contributor     Voelker, Jaime     Contributor address; City; S	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 09/13/2024	Full name of contributor Wadham, Gary  Contributor address; City; S					Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	5)		Employer (See Instructions	;) 		
	Medic	panon / 300 the (300 mandenon)	3)		City of Austin	,,		
	Date 09/13/2024	Full name of contributor Ward, Christopher Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/13/2024	Full name of contributor Way, 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 Instructions	6)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor Weber, Wyatt 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	s)		
			•					

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 65/68 Rpt: 68/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Weil, Skyler</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
0	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Medic Medic	pation 7 Job title (See Instructions)	City of Austin	s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID# Weldon, Tyler  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID# Welkley, Justin Contributor address; City; State; Zip Code	<u>;                                    </u>	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID# Wesen, Hunter  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> s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID# Westby, Andrew Contributor address; City; State; Zip Code	<u>;                                    </u>		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this forn	n.	1	Total pages Schedule A1: Sch: 66/68 Rpt: 69/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor</li></ul>	AC (ID#:		7	Amount of Contribution (\$)	\$3.00
_	Dein sin al a sau	Austin, TX 78721	- la	Farada a (Cara la structiona			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u> </u>		
	Date 09/13/2024	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	 ;)		
	Medic			City of Austin			
	Date 09/13/2024	Full name of contributor out-of-state Pa White, Stephen  Contributor address; City; State; Zip Code	AC (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 09/13/2024	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	<u> </u> 5)		
	Date 09/13/2024	Full name of contributor out-of-state Pa Wilkinson, David  Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$3.00
	Dringinal aggr	Austin, TX 78721	<u> </u>	Employer /See Instructions			
	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 67/68 Rpt: 70/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor</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	5)		
	Date 09/13/2024	Winters, John  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 09/13/2024	Full name of contributor out-of-state Wolber, Bailey 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 09/13/2024	Wright, Courtney		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Wyche, Tyson			•	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	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/68 Rpt: 71/73	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission F 00053202	ilers)
4	Date 09/13/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Xie, Selena</li> <li>6 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)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Yankiver, Lizabeth  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	) ;)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Yarbrough, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Yasui, Benjamin  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)		

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to complete	this f	orm.	•	ages Schedule E: '1 Rpt: 72/73
2	FILER NAME Austin Travis Co	ounty Emergency Medical Services Emplo	oyee PA	AC	3 Filer ID 000532	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender out-of-	-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City; S	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ctions)	
14	Description of Coll	ateral		15 Check if personal fun	ds were deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; S	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instru	ctions)	

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 73/73	Austin Travis County Emergency Medical Services 00053202
4 Date	5 Payee name
09/13/2024	City of Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.90	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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Payroll fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefit 6/01	•
Date	Payee name
09/23/2024	Mike Siegel Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	PO Box 9123
Expenditure from corporate funds	Austin, TX 78766
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCHARLINE TO DEHERIT C/OI	·
Date	Payee name
09/06/2024	Sheryl Cole Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 13
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EAFEINDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/OI	•