

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

| | | |
|--------------------------------|---|--------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,000.41 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,601.30 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 91,833.04 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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

Ms. Selena Xie

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 210

| | | |
|---|--|--|
| 12 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC | | 13 Filer ID (Ethics Commission Filers) 00053202 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported Ballot ID:Prop A Election Date:2024-11-05 Desc:Travis County, Tx, Proposition A 11/2024 |
| | B. Opposed | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

SUBTOTALS - MPAC

| | | |
|--|---|---|
| 17 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC | | 18 Filer ID (Ethics Commission Filers) 00053202 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,000.41 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 1,601.30 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/203 Rpt: 5/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/203 Rpt: 6/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo | 7 Amount of Contribution (\$) \$2.50 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/203 Rpt: 7/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/203 Rpt: 8/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra | 7 Amount of Contribution (\$) \$5.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/203 Rpt: 11/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/203 Rpt: 13/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azuarra Mendez, Elvia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.27 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/203 Rpt: 15/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/203 Rpt: 16/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda | 7 Amount of Contribution (\$) \$2.50 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/203 Rpt: 17/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/203 Rpt: 18/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam | 7 Amount of Contribution (\$) \$2.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/203 Rpt: 19/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/203 Rpt: 20/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/203 Rpt: 21/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/203 Rpt: 22/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/203 Rpt: 23/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/203 Rpt: 24/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/203 Rpt: 25/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/203 Rpt: 26/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/203 Rpt: 27/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christopher | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christopher | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christopher | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/203 Rpt: 28/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/203 Rpt: 29/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/203 Rpt: 30/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/203 Rpt: 31/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Audrey | 7 Amount of Contribution (\$) \$0.27 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Audrey | Amount of Contribution (\$) \$0.27 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Audrey | Amount of Contribution (\$) \$0.27 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/203 Rpt: 32/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/203 Rpt: 33/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/203 Rpt: 34/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/203 Rpt: 35/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/203 Rpt: 36/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/203 Rpt: 37/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/203 Rpt: 38/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 35/203 Rpt: 39/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, James Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, James Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, James Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/203 Rpt: 40/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/203 Rpt: 41/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/203 Rpt: 42/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/203 Rpt: 43/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/203 Rpt: 44/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 41/203 Rpt: 45/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.27 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 42/203 Rpt: 46/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/203 Rpt: 47/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/203 Rpt: 48/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 45/203 Rpt: 49/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 46/203 Rpt: 50/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 47/203 Rpt: 51/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 48/203 Rpt: 52/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 49/203 Rpt: 53/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 50/203 Rpt: 54/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 51/203 Rpt: 55/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 52/203 Rpt: 56/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.30 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 53/203 Rpt: 57/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 54/203 Rpt: 58/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 55/203 Rpt: 59/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 56/203 Rpt: 60/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 57/203 Rpt: 61/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 58/203 Rpt: 62/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 62/203 Rpt: 66/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 63/203 Rpt: 67/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 65/203 Rpt: 69/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bradley <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 66/203 Rpt: 70/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grijalva, Corey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadas, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 68/203 Rpt: 72/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 69/203 Rpt: 73/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 70/203 Rpt: 74/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 71/203 Rpt: 75/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 72/203 Rpt: 76/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hay, Keli <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hay, Keli <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellein, Jacob | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellein, Jacob | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo | 7 Amount of Contribution (\$) \$1.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 75/203 Rpt: 79/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 76/203 Rpt: 80/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilaire, Cedrick | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilaire, Cedrick | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilaire, Cedrick | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin | Amount of Contribution (\$) \$1.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Travis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 80/203 Rpt: 84/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 81/203 Rpt: 85/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric | 7 Amount of Contribution (\$) \$2.50 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 82/203 Rpt: 86/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Katherine <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junod, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junod, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junod, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.40 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan | 7 Amount of Contribution (\$) \$1.40 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan | Amount of Contribution (\$) \$1.40 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keef, Sean <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keef, Sean <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Nolan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Nolan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Nolan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Dillon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Dillon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Dillon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Steven <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kownacki, Benjamin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krampitz, Casey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
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| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Stephen | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Stephen | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Stephen | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 96/203 Rpt: 100/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtze, Benedict Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtze, Benedict Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoureux, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoureux, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
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| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael | 7 Amount of Contribution (\$) \$3.00 |
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| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Brian | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Brian | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.50 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cindy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cindy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano Avila, Victor <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano Avila, Victor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallon, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancia Covarrubias, Adonay <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancias, Vivian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 110/203 Rpt: 114/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 111/203 Rpt: 115/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 112/203 Rpt: 116/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$4.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 113/203 Rpt: 117/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.27 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 114/203 Rpt: 118/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael | Amount of Contribution (\$) \$9.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael | Amount of Contribution (\$) \$9.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael | Amount of Contribution (\$) \$9.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 115/203 Rpt: 119/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 116/203 Rpt: 120/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 117/203 Rpt: 121/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mead, Catrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mead, Catrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mead, Catrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 118/203 Rpt: 122/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 119/203 Rpt: 123/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 120/203 Rpt: 124/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Brett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Brett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Brett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 121/203 Rpt: 125/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 122/203 Rpt: 126/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 124/203 Rpt: 128/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 125/203 Rpt: 129/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michelle | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murry, Richard | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murry, Richard | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murry, Richard | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Megan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Megan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Megan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negron, Luis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negron, Luis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christopher | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noak, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noak, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 132/203 Rpt: 136/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nofle, Rachel | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nudelman, Lee | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nudelman, Lee | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Valeria <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Valeria <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pailes, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Kayla <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Kayla <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Sean <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Sean <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 138/203 Rpt: 142/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 139/203 Rpt: 143/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plewacki, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 140/203 Rpt: 144/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plewacki, Thomas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 141/203 Rpt: 145/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 142/203 Rpt: 146/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 143/203 Rpt: 147/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puckett, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puckett, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.30 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$13.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$13.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$13.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Alexandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Duane <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Duane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Duane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$9.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$9.50 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$9.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reader, Robert | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reader, Robert | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reader, Robert | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Kevin | Amount of Contribution (\$) \$1.30 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Kevin | Amount of Contribution (\$) \$1.30 |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 150/203 Rpt: 154/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 151/203 Rpt: 155/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remus, Hannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Lillian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Lillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Donald | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Lindsey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmeron, Alejandro <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scamman, Alexis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schickel, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
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| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, Douglas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.30 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutt, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutt, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 166/203 Rpt: 170/210 |
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| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Austin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton-Collins, Marcus <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton-Collins, Marcus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slattery, Christian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anthony <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stec, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 173/203 Rpt: 177/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Eric <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mitchell <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Patrick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tait, Grant <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrillion, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 179/203 Rpt: 183/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patrick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 180/203 Rpt: 184/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 181/203 Rpt: 185/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
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| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 182/203 Rpt: 186/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Garrett <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 183/203 Rpt: 187/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 184/203 Rpt: 188/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrez, Ernest <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 185/203 Rpt: 189/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Joshua | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Joshua | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Joshua | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark | Amount of Contribution (\$) \$3.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanZandt, Donovan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 187/203 Rpt: 191/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanZandt, Donovan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 188/203 Rpt: 192/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasna, Renayuddh <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Alexander <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 192/203 Rpt: 196/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 193/203 Rpt: 197/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welkley, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welkley, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welkley, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 194/203 Rpt: 198/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesen, Hunter <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westby, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westby, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 195/203 Rpt: 199/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westby, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, Samuel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, Samuel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, Samuel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 196/203 Rpt: 200/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anna <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 197/203 Rpt: 201/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggin, Stuart | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggin, Stuart | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggin, Stuart | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 198/203 Rpt: 202/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 199/203 Rpt: 203/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolber, Bailey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolber, Bailey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolber, Bailey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 200/203 Rpt: 204/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 201/203 Rpt: 205/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 202/203 Rpt: 206/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 203/203 Rpt: 207/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

LOANS

SCHEDULE E

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 208/210 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 209/210 | 2 FILER NAME Austin Travis County Emergency Medical Services | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 10/07/2024 | 5 Payee name Affordable Childcare NOW | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travis County Proposition A |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/11/2024 | Payee name Ann Howard Campaign | |
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 5674 Austin, TX 78763 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Ann Howard reelection campaign |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/27/2024 | Payee name City of Austin | |
| Amount (\$) \$33.60 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 15 Waller Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 210/210 | 2 FILER NAME Austin Travis County Emergency Medical Services | 3 Filer ID (Ethics Commission Filers) 00053202 |
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| | |
|-----------------------------|---------------------------------------|
| 4 Date 10/11/2024 | 5 Payee name City of Austin |
|-----------------------------|---------------------------------------|

| | |
|--|--|
| 6 Amount (\$) \$33.90 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 15 Waller Austin, TX 78702 |
|--|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fee |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------------|
| Date 10/25/2024 | Payee name City of Austin |
|--------------------|------------------------------|

| | |
|---|---|
| Amount (\$) \$33.80 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 15 Waller Austin, TX 78702 |
|---|---|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fee |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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