FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 210 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 11/03/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 5817 Wilcab Road Ste 3 Change of Address Austin, TX 78721 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Selena NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Xie CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4710 Heflin Ln. STREET **ADDRESS** (Residence or Business) Austin, TX 78721 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4710 Heflin Ln. MAILING **ADDRESS** Change of Address Austin, TX 78721 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 228-9321 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer I	ID (Ethics Commission Filers)
Austin Travis County E	mergency Medical Serv	ices Employee PAC	00053	3202
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	0 Managemen	A. Cupported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Commissioner Howard Ann T	ravis Co	unty Commissioner Precinct 3
	Assisted (Identify by name or, if applicable, classify by party.)	Commissioner Floward 7 mm	Tavis Col	unity Commissioner Freemet S
5 CONTRIBUTION) POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$ 0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEES OF LOANS)	`	\$ 3,000.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	:	\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES	:	\$ 1,601.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY	\$ 91,833.04
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD		\$ 0.00
.6 AFFIDAVIT	I			
		I swear, or affirm, under penalty of pr true and correct and includes all info under Title 15, Election Code.	erjury, that rmation re	t the accompanying report is equired to be reported by me
		Ms. So	elena Xie	
		Signature of Ca	ampaign T	reasurer
AFFIX NOTARY	' STAMP / SEAL ABOVE			
Sworn to and subscribed	I before me. by the said	,1	this the	day
		which, witness my hand and seal of office.		·
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title	of officer administering oath

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 210 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Austin Travis County Emergency Medical Services Employee PAC 00053202 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures Ballot ID:Prop A Election Date:2024-11-05 Desc:Travis County, Tx, (Describe by date and location of election and nature of issue.) Proposition A 11/2024 B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			4 c	of 210
17 COMMITTE	EE NAME	18 Filer ID	(Ethics Commission Fil	ers)
Austin Tra	vis County Emergency Medical Services Employee PAC	00053202		
	E SUBTOTALS SCHEDULE		SUBTOTAL AMO	UNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3	,000.41
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.	\$			
6.	\$			
7.	\$			
8.	\$			
9. X	\$	0.00		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1	,601.30
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 1/203 Rpt: 5/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	Full name of contributor Adcock, Brandon Contributor address; City; State			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Adcock, Brandon Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor Adcock, Brandon Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
09/27/2024 Ag		Full name of contributor Aguilar, Ricardo Contributor address; City; State Austin, TX 78721				Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/11/2024	Full name of contributor Aguilar, Ricardo Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/203 Rpt: 6/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor	:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID# Albear, Oscar Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID# Allen, Janel Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 3/203 Rpt: 7/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 5 Full name of contributor out-of Allen, Janel 6 Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Allen, Janel Contributor address; City; State; Zip C	-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of Almaguer, Luis Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Almaguer, Luis	-state PAC (ID#:		•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/25/2024	Almaguer, Luis	-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONT	RIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to con	nplete this fo	rm.	1	Total pages Schedule A1: Sch: 4/203 Rpt: 8/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PA	C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024		f-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
_	Deignaignal annu	Austin, TX 78721	1.	2. Facility on (Con Instructions			
8	Medic	pation / Job title (See Instructions)	,	9 Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-o Almodovar, Alejandra Contributor address; City; State; Zip C	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Medic	patient, cop the (coe metadolone)		City of Austin	',		
	Date 10/25/2024	Full name of contributor	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
09/27/2024 Anderso		Anderson, Scott Contributor address; City; State; Zip C	f-state PAC (ID#: Code)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/11/2024	Full name of contributor out-o Anderson, Scott Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 5/203 Rpt: 9/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Anthon, McKenna Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 10/11/2024	Full name of contributor Anthon, McKenna Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/25/2024	Full name of contributor Anthon, McKenna Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 09/27/2024	Full name of contributor Armas, David Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 6/203 Rpt: 10/210	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Armas, David6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Armas, David Contributor address; City; Sta)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor Armstrong, Charles Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>1</u> S)		
	Date 10/11/2024	Full name of contributor Armstrong, Charles Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 10/25/2024	Full name of contributor Armstrong, Charles Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONT	RIBUTIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this form.		1	Total pages Schedule A1: Sch: 7/203 Rpt: 11/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-Arocha-Guerra, Val Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor 	state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	1				
8	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	i) 		
	Date 10/11/2024	Arocha-Guerra, Val Contributor address; City; State; Zip C	state PAC (ID#: ode			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	En	nployer (See Instructions	5)		
	Medic		Cit	ty of Austin			
	Date 10/25/2024	Full name of contributor	state PAC (ID#: ode)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	()		
Date Full name of contributor 09/27/2024 Aubin, Scott Contributor address; City; State		Aubin, Scott Contributor address; City; State; Zip C	otate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	<u>;</u>)		
	Date 10/11/2024	Full name of contributor out-of-Aubin, Scott Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 8/203 Rpt: 12/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 5 Full name of contributor out-of-state PAC (ID Aubin, Scott 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor	D#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Aune, Joseph Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (IDAVIIA, America Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 9/203 Rpt: 13/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	Dein sin al a sau	Austin, TX 78721	la la	Faralas as (October to the state of the stat			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Avila, America Contributor address; City; State; Zip Cod)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor	ate PAC (ID#:)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Azelton, Andrew				Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-standard out-o	ate PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTI	RIBUTIONS		SCHEDULE	€ A1
	The Instru	ction Guide explains how to com	olete this form.		1 Total pages Schedule A1: Sch: 10/203 Rpt: 14/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC	-	3 Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-s Azuara Mendez, Elvia Contributor address; City; State; Zip Co 	tate PAC (ID#:deeper deeper deee		7 Amount of Contribution (\$)	\$3.27
_		Austin, TX 78721	I = -			
8	Principal occu Medic	pation / Job title (See Instructions)		oyer (See Instructions) of Austin)	
	Date 09/27/2024	Bailey, Charles Contributor address; City; State; Zip Co	tate PAC (ID#:)	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Emplo	oyer (See Instructions))	
	Medic		City	of Austin		
	Date 10/11/2024	Full name of contributor out-of-s Bailey, Charles Contributor address; City; State; Zip Co	tate PAC (ID#:de)	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)		oyer (See Instructions) of Austin)	
Date Full name of contributor out-of-state PAC (II 10/25/2024 Bailey, Charles Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		oyer (See Instructions) of Austin		
	Date 09/27/2024	Full name of contributor out-of-s Bailey, James Contributor address; City; State; Zip Co	tate PAC (ID#:de		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	oyer (See Instructions) of Austin		
			'			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 11/203 Rpt: 15/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor uut- out- Bailey, James Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Bailey, James Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Baker, Alexander	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out- Baker, Alexander Contributor address; City; State; Zip Austin, TX 78721	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 12/203 Rpt: 16/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PAI Baker, Amanda Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor	C (ID#:			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAI Baker, Coty Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/11/2024	Full name of contributor out-of-state PAG Baker, Coty Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 13/203 Rpt: 17/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID# Balboa, Adam Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 14/203 Rpt: 18/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Balboa, Adam6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Balboa, Adam Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$2.00
	Dringing	Austin, TX 78721	<u>, </u>	Franks or (Cook batturations			
	Medic Medic	pation / Job title (See Instructions	(1)	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Barch-Chandler, Travis Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	(3)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Barch-Chandler, Travis Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Barch-Chandler, Travis Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 15/203 Rpt: 19/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor	(ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Barnhart, Jennifer Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Medic			City of Austin	-,		
	Date 10/25/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Barr, Jaelithe Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 10/11/2024	Full name of contributor out-of-state PAC Barr, Jaelithe Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 16/203 Rpt: 20/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (ID# Barr, Jaelithe 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID# Bauhs, Isabel Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	_	Employer (See Instructions	s)		
	Medic			City of Austin	-,		
	Date 10/11/2024	Full name of contributor	#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#Bauhs, Isabel Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID# Bean, Rose Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	plete this forr	m.	1	Total pages Schedule A1: Sch: 17/203 Rpt: 21/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024		tate PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Bean, Rose Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-s Beaver, Camille Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Beaver, Camille)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 10/25/2024	Full name of contributor out-of-s Beaver, Camille Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 18/203 Rpt: 22/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributorBell, Jory6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Bell, Jory Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code				Amount of Contribution (\$)	\$3.00
	Dringing occur	Austin, TX 78721	<u> </u>		Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		City of Austin	»)		
	Date 10/25/2024	Full name of contributor Bell, Jory Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Bernal, Erica Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Bernal, Erica Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 19/203 Rpt: 23/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state F Bernal, Erica Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state FBlack, Jessica Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state F Black, Jessica Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state F Blais, Braden Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 20/203 Rpt: 24/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor out-of-state PAG Blais, Braden 6 Contributor address; City; State; Zip Code	C (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			L		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAG Blais, Braden Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	Medic	patient / cos tale (coe mondotone)		City of Austin	-)		
	Date 09/27/2024	Full name of contributor out-of-state PAG Blume, Michael Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAG Blume, Michael Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAG Blume, Michael Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this forr	m.	1	Total pages Schedule A1: Sch: 21/203 Rpt: 25/210	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	Full name of contributor Bockewitz, William Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor E Bockewitz, William Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin	,		
	Date 10/25/2024	Full name of contributor [Bockewitz, William Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Braunstein, Spencer Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/11/2024	Full name of contributor Braunstein, Spencer Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 22/203 Rpt: 26/210	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Braunstein, Spencer	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Brazelton, Reese Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor Brazelton, Reese Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Brazelton, Reese Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 09/27/2024	Full name of contributor Brindley, Jordan Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			1				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 23/203 Rpt: 27/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Brindley, Jordan	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-o Brindley, Jordan Contributor address; City; State; Zip				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic			City of Austin	,,		
	Date 09/27/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u> 5)		
	Date 10/25/2024	Full name of contributor out-one of contributor out-one of contributor out-one	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 24/203 Rpt: 28/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Brunson, Savannah6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Brunson, Savannah Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code				Amount of Contribution (\$)	\$3.00
	Dringing Loggy	Austin, TX 78721	a)		Employer (Coo Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Brunson, Savannah Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Bumpus, Ross Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Bumpus, Ross Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
			-					

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 25/203 Rpt: 29/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	Full name of contributor Bumpus, Ross Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Burgoyne, James Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor Burgoyne, James Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Burgoyne, James Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 09/27/2024	Full name of contributor Cabrera, Ryan Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 26/203 Rpt: 30/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	vee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC Cabrera, Ryan Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	Dein ein al. a a a	Austin, TX 78721	lo Fundame (Contraction			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Cabrera, Ryan Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 09/27/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
10/11/2024 Cain, Christopher		Cain, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Cain, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 27/203 Rpt: 31/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor out-of-state Calderon, Audrey	e PAC (ID#:)	7	Amount of Contribution (\$)	\$0.27
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state Calderon, Audrey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$0.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	•		City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state Calderon, Audrey Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$0.27
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Cantonis, Carl)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 10/11/2024	Full name of contributor out-of-state Cantonis, Carl Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 28/203 Rpt: 32/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Cantonis, Carl6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Carter, Emma Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	<u>)</u>	Employer (See Instructions	<u>s)</u>		
	Medic	pation 7 305 title (See motidetions	"	City of Austin	۶)		
	Date 10/11/2024	Full name of contributor Carter, Emma Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Carter, Emma Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Cartmill, Andres Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 29/203 Rpt: 33/210	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Cartmill, Andres Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	panelly cost and (cost illendency)		City of Austin	,		
	Date 09/27/2024	Full name of contributor Cavarretta, James Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date Full name of contributor out-of-state PAC (III 10/11/2024 Cavarretta, James		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/25/2024	Full name of contributor Cavarretta, James Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CON	TRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 30/203 Rpt: 34/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PA	C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024		-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1.		_		
8	Principal occu Medic	pation / Job title (See Instructions)	9	9 Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out Cendejas, Jacqueline Contributor address; City; State; Zip	-of-state PAC (ID#:) Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin	,		
	Date 10/25/2024	Full name of contributor out Cendejas, Jacqueline Contributor address; City; State; Zip	-of-state PAC (ID#:) Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
09/27/2024 Chavez, Erin		Chavez, Erin Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> ;)		
	Date 10/11/2024	Full name of contributor out Chavez, Erin Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTION	N S	5		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 31/203 Rpt: 35/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Chavez, Erin6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Cheeks, Shedrick Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Dringing Lagge	Austin, TX 78721	a)		Employer (Coo Instructions	<u></u>		
	Medic Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	·)		
	Date 10/11/2024	Full name of contributor Cheeks, Shedrick Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Cheeks, Shedrick Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Chhabra, Ranjit Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
			,					

	MONET	ARY POLITICAL (CONTRIBUTION	NS _	.		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 32/203 Rpt: 36/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Full name of contributor Chhabra, Ranjit Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		mployer (See Instructions tity of Austin)		
	Date 10/25/2024	Full name of contributor Chhabra, Ranjit Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	9		mployer (See Instructions			
	Medic	pation / Job title (See Instructions			ity of Austin)		
	Date 09/27/2024	Full name of contributor Ciminera, Joseph Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		mployer (See Instructions tity of Austin)		
	Date 10/11/2024	Full name of contributor Ciminera, Joseph Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		mployer (See Instructions ity of Austin)		
	Date 10/25/2024	Full name of contributor Ciminera, Joseph Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		mployer (See Instructions city of Austin)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 33/203 Rpt: 37/210	
2	FILER NAME Austin Travis	County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	— Clark, Rajiv)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 10/25/2024	— Clark, Rajiv	e PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Clark, William				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Clark, William			•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 34/203 Rpt: 38/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Clark, William6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Cluskey, Francis Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 10/11/2024	Full name of contributor Cluskey, Francis Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/25/2024	Full name of contributor Cluskey, Francis Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Cole, Jason Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 35/203 Rpt: 39/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out- Cole, Jason Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/11/2024	Coleman, James	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 10/25/2024	Full name of contributor out- Coleman, James Contributor address; City; State; Zip Austin, TX 78721	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
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	MONET	ARY POLITICAL (CONTRIBUTION	7	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 36/203 Rpt: 40/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	Full name of contributor Cooper, Matthew Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Cooper, Matthew Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/_		
	Medic	pation / Job title (See Instructions)		City of Austin)		
	Date 10/25/2024	Full name of contributor Cooper, Matthew Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Cornwall, Angela Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Cornwall, Angela Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	5)		
			-					

	MONET	ARY POLITICAL (CONTRIBUTION	7	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 37/203 Rpt: 41/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC)		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Cornwall, Angela6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Costantino, John Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions		_	Employer (See Instructions			
	Medic	pation / Job title (See Instructions)		City of Austin)		
	Date 10/11/2024	Full name of contributor Costantino, John Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Costantino, John Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Crock, Clairissa Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	5)		
			-					

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this forr	m.	1	Total pages Schedule A1: Sch: 38/203 Rpt: 42/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-st Crock, Clairissa Contributor address; City; State; Zip Contributor 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-st Crock, Clairissa Contributor address; City; State; Zip Cod	tate PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin	•		
	Date 09/27/2024	Full name of contributor out-of-st Crouch, Jordan Contributor address; City; State; Zip Con	tate PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Crouch, Jordan				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/25/2024	Crouch, Jordan	tate PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 39/203 Rpt: 43/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out- Crouch, William Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out- Crouch, William Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out- Cruz Zarate, Hector Contributor address; City; State; Zip Austin, TX 78721	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out- Cruz Zarate, Hector Contributor address; City; State; Zip Austin, TX 78721	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 40/203 Rpt: 44/210	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor [Cruz Zarate, Hector6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor [Cummings, Daniel Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Medic Medic	pation / 300 title (3ee instructions)		City of Austin)		
	Date 10/11/2024	Full name of contributor [Cummings, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor [Cummings, Daniel Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 09/27/2024	Full name of contributor [Damron, William Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.27
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 41/203 Rpt: 45/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributorDamron, William6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3.27
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Damron, William Contributor address; City; S					Amount of Contribution (\$)	\$3.27
	Principal occu	Austin, TX 78721	<u>, , , , , , , , , , , , , , , , , , , </u>		Employer (See Instructions	·/-		
	Medic Medic	pation / Job title (See Instructions	5)		City of Austin	»)		
	Date 09/27/2024	Full name of contributor Davis, Kenneth Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Davis, Kenneth Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Davis, Kenneth Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 42/203 Rpt: 46/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Davis, Richard6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Davis, Richard Contributor address; City; S)		Amount of Contribution (\$)	\$3.00
	Dringing agg	Austin, TX 78721	5) T		Employer (See Instructions	<u></u>		
	Medic Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Davis, Richard Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor DeLong, Jonathan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor DeLong, Jonathan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction:	5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 43/203 Rpt: 47/210	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	Full name of contributor DeLong, Jonathan Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor [Dean-Masse, Dustin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	·,		
	Medic	pation / 300 title (See Instructions)		City of Austin)		
	Date 10/11/2024	Full name of contributor Dean-Masse, Dustin Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Dean-Masse, Dustin Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Derion, Sarah Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	ITIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 44/203 Rpt: 48/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC Derion, Sarah Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	<u></u>	Austin, TX 78721				
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Derion, Sarah Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state PAC Dionizio, James Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Dionizio, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Dionizio, James Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$1.00
	Dringing	Austin, TX 78721	Employee (Cook to the cook)	<u>0,</u>		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 45/203 Rpt: 49/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PAC (ID Donohoe, John Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$2.50
8	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	9 Employer (See Instructions			
•	Medic Medic	pation / Job title (See Instructions)	City of Austin	>)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Donohoe, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic	paner, cos and (cos menassions)	City of Austin	-,		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Donohoe, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Draper, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	· #:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> S)		
			Only of Australia			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 46/203 Rpt: 50/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (I Draper, Joseph 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (I Duran, Bryan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 10/11/2024	Full name of contributor out-of-state PAC (I Duran, Bryan Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (I Duran, Bryan Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (In Durham, David Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 47/203 Rpt: 51/210	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Durham, David	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 10/25/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	parent, cos une (cos monacione)		City of Austin	,		
	Date 09/27/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 10/11/2024	Full name of contributor of contributor contributor address; City; State; Zontributor address; City; State; Zontributor, TX 78721	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor of contributor contributor address; City; State; Zontributor, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
			<u>, </u>				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this form	m.	1	Total pages Schedule A1: Sch: 48/203 Rpt: 52/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services I	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721		(O)			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin			
	Date 10/11/2024	Full name of contributor out-of-s Edmonson, Savanna Contributor address; City; State; Zip Co	state PAC (ID#: de			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Medic	patient, cos title (cos metadalene)		City of Austin	,,		
	Date 10/25/2024	Full name of contributor out-of-s Edmonson, Savanna Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Eeten, John	state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 10/11/2024	Eeten, John	state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 49/203 Rpt: 53/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out- eten, John Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out- Eguia, Eduardo Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin			
	Date 10/11/2024	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Eguia, Eduardo	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 09/27/2024	Elbel, Amber	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 50/203 Rpt: 54/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state)	7	Amount of Contribution (\$)	\$3.00
_	Daine in a language	Austin, TX 78721	la la	Farada e a (O a de atro etico e			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin			
	Date 10/25/2024	Elbel, Amber				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Medic	pation / Job title (See Instructions)		City of Austin))		
	Date 09/27/2024	Full name of contributor out-of-state Elizardo, Daniel Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Elizardo, Daniel)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state Elizardo, Daniel Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 51/203 Rpt: 55/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$4.00
_		Austin, TX 78721		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor			Amount of Contribution (\$)	\$4.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic	,	City of Austin	-,		
	Date 10/25/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Ender, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.30
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Ender, Daniel Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)		Amount of Contribution (\$)	\$3.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
			•			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this forr	m.	1	Total pages Schedule A1: Sch: 52/203 Rpt: 56/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-st			7	Amount of Contribution (\$)	\$3.30
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Engstrom, Justin Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$1.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-st Engstrom, Justin Contributor address; City; State; Zip Cod	ate PAC (ID#:)	•	Amount of Contribution (\$)	\$1.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Engstrom, Justin)		Amount of Contribution (\$)	\$1.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 09/27/2024	Ferguson, John	tate PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 53/203 Rpt: 57/210	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Ferguson, John	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 10/25/2024	Ferguson, John Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor Ferguson, Thomas Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Ferguson, Thomas Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Ferguson, Thomas Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 54/203 Rpt: 58/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state Fernandez, Eric Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state Fernandez, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Medic	pation / Job title (See Instructions)		City of Austin	·)		
	Date 10/25/2024	Full name of contributor out-of-state Fernandez, Eric Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 10/11/2024	Full name of contributor out-of-state Figueroa, Joshua Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			,				

	MONET	ARY POLITICAL CONTRIE	BUTIONS	•		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	te this form.		1	Total pages Schedule A1: Sch: 55/203 Rpt: 59/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state Figueroa, Joshua Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	Deignaignal annu	Austin, TX 78721	lo F				
8	Medic	pation / Job title (See Instructions)		mployer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor	PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T F	mployer (See Instructions) 		
	Medic	pation 7 oob tale (occ mondenous)		ity of Austin	',		
	Date 10/11/2024	Full name of contributor out-of-state Finch, Walter Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		mployer (See Instructions city of Austin	5)		
	Date 10/25/2024	Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		mployer (See Instructions	<u> </u> 5)		
	Date 09/27/2024	Full name of contributor out-of-state Fitzpatrick, Bryan Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	E	mployer (See Instructions	<u> </u> ;)		
	Medic			ity of Austin			

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 56/203 Rpt: 60/210	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	County Emergency Medical Services Employee	PAC		00053202	
4	Date 10/11/2024	5 Full name of contributor out-of-state PAC (IE Fitzpatrick, Bryan		7	Amount of Contribution (\$)	\$5.00
		6 Contributor address; City; State; Zip Code				
Ļ		Austin, TX 78721		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor ut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	10/25/2024	Fitzpatrick, Bryan				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	09/27/2024	Flanagan, Rilie				\$2.00
		Contributor address; City; State; Zip Code Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> s)		
	Medic	,	City of Austin	,		
	Date	Full name of contributor out-of-state PAC (IE		Т	Amount of Contribution (\$)	
	10/11/2024	Flanagan, Rilie			(,)	\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor ut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	10/25/2024	Flanagan, Rilie				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 57/203 Rpt: 61/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	<u> </u>	Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 10/25/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Flores, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Flores, Robert Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$2.00
	Dulastrast	Austin, TX 78721	Freely war (O			
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 58/203 Rpt: 62/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 5 Full name of contributor out-of-state PAC (ID#: Flores, Robert 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Flores, Tiana Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Flores, Tiana Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_Flores, Tiana Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Fuentes, Timothy Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this 1	for	m.	1	Total pages Schedule A1: Sch: 59/203 Rpt: 63/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC (ID#:_Fuentes, Timothy Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Fuentes, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Gallio, Riane Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Gallio, Riane Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_Gallio, Riane Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			-				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 60/203 Rpt: 64/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state F Garcia, Bianca Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state F Garcia, Bianca Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin	•		
	Date 10/25/2024	Full name of contributor out-of-state F Garcia, Bianca Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state F Gardner, Dale Contributor address; City; State; Zip Code Austin, TX 78721	-)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 10/11/2024	Full name of contributor out-of-state F Gardner, Dale Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 61/203 Rpt: 65/210	
2	FILER NAME Austin Travis	County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Gardner, Dale6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Garrett, Christina Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Dringing agg	Austin, TX 78721		Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions)		City of Austin	o)		
	Date 10/11/2024	Full name of contributor Garrett, Christina Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Garrett, Christina Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Gastelum, Aaron Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 62/203 Rpt: 66/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC (ID#: Gastelum, Aaron Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Gastelum, Aaron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	 s)		
	Medic			City of Austin	•		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Gold, Mora Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Gold, Mora Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Gold, Mora Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 63/203 Rpt: 67/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Gordon, Jennifer6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Gordon, Jennifer Contributor address; City; S)		Amount of Contribution (\$)	\$1.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/		
	Medic	pation / Job title (See Instructions)		City of Austin))		
	Date 10/25/2024	Full name of contributor Gordon, Jennifer Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Gowe, Kathleen Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Gowe, Kathleen Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 64/203 Rpt: 68/210	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Gowe, Kathleen6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Gregson, Jordan Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor Gregson, Jordan Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 10/25/2024	Full name of contributor Gregson, Jordan Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Griffin, Bradley Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
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	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 65/203 Rpt: 69/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	vee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC Griffin, Bradley Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1			
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state PAC Griffith, Kimberly Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Griffith, Kimberly Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Griffith, Kimberly Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 66/203 Rpt: 70/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state out-o	e PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Grijalva, Corey)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Medic	pation 7 300 tale (See Instructions)		City of Austin	<i>>)</i>		
	Date 10/25/2024	Grijalva, Corey)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Hadas, Brian)	•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state Hadas, Brian Contributor address; City; State; Zip Code Austin, TX 78721	e PAC (ID#:		•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 67/203 Rpt: 71/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	Full name of contributor Hadas, Brian Contributor address; City; States)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Hadden, Justin Contributor address; City; S)	-	Amount of Contribution (\$)	\$3.00
	Deinsinal	Austin, TX 78721	<u>, </u>		Franks or (Cook activistics			
	Medic Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Hadden, Justin Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Hadden, Justin Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Haggarty, Timothy Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 68/203 Rpt: 72/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (I Haggarty, Timothy Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state PAC (I Hair, Nathan Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (I Hair, Nathan Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (I Hair, Nathan Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 69/203 Rpt: 73/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Hairston, Christopher6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Hairston, Christopher Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
	Dringing Loggy	Austin, TX 78721	a)		Employer (Coo Instructions	<u></u>		
	Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Hairston, Christopher Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Hanes, Rodney Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:			-	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Hanes, Rodney Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
			1					

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 70/203 Rpt: 74/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor	#: <u></u>)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID# Hanks, Kaden Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID# Hargrave, Jeffrey Contributor address; City; State; Zip Code Austin, TX 78721	#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 71/203 Rpt: 75/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Hargrave, Jeffrey Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state PAC Harner, Kevin Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Harner, Kevin Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Harner, Kevin Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 72/203 Rpt: 76/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state F Hawthorne, Cole Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state F Hawthorne, Cole Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 10/25/2024	Full name of contributor out-of-state F Hawthorne, Cole Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state FHay, Keli Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state FHay, Keli Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 73/203 Rpt: 77/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor	e PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Hellein, Jacob)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor	e PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Hernandez, Hugo			-	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state Hernandez, Hugo Contributor address; City; State; Zip Code Austin, TX 78721	e PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 74/203 Rpt: 78/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Hernandez, Hugo6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Hernandez Arias, Alejand Contributor address; City; St)		Amount of Contribution (\$)	\$3.00
_	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor Hernandez Arias, Alejand Contributor address; City; St)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Hernandez Arias, Alejand Contributor address; City; St Austin, TX 78721)	-	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Herrera, Caroline Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 75/203 Rpt: 79/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Herrera, Caroline6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction	(5)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Herrera, Caroline Contributor address; City; S				•	Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instruction			Employer (See Instructions	-, 		
	Medic	pation / Job title (See Instruction	5)		City of Austin	o)		
	Date 09/27/2024	Full name of contributor Hicks, Matthew Contributor address; City; S	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	S)		
	Date 10/11/2024	Full name of contributor Hicks, Matthew Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Hicks, Matthew Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 76/203 Rpt: 80/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Hilaire, Cedrick6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction:	(5)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Hilaire, Cedrick Contributor address; City; S				•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instruction:	2)		Employer (See Instructions	=)		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 10/25/2024	Full name of contributor Hilaire, Cedrick Contributor address; City; S)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction:	5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Hindman, Justin Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Hindman, Justin Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 77/203 Rpt: 81/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Hindman, Shelby Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 10/11/2024	Full name of contributor out-of-s Hindman, Shelby Contributor address; City; State; Zip Co	state PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Hindman, Shelby	state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-s Holland, Travis Contributor address; City; State; Zip Co	state PAC (ID#:		•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 78/203 Rpt: 82/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC (II Holland, Travis Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (II Holland, Travis Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	paner, cos ano (coe monocaeno)		City of Austin	-,		
	Date 09/27/2024	Full name of contributor out-of-state PAC (II Howell, Joseph Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (II Howell, Joseph Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (II Howell, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	D #:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 79/203 Rpt: 83/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	ı Filers)
4	Date 09/27/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state P/ Huitt, Andrew Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state Paragraphy Jackson, Bryan Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/11/2024	Full name of contributor out-of-state Pa Jackson, Bryan Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	N :	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 80/203 Rpt: 84/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Jackson, Bryan6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Jacobsen, Patrick Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	:, 		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 10/11/2024	Full name of contributor Jacobsen, Patrick Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Jacobsen, Patrick Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Jakubauskas, Eric Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 81/203 Rpt: 85/210	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Jakubauskas, Eric	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor ou Jakubauskas, Eric Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor ou James, Jonathan Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor on the contributor on the contributor address; City; State; Zity; State	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor of James, Jonathan Contributor address; City; State; Zi Austin, TX 78721	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			·				

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 82/203 Rpt: 86/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor	-		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state Jensen, David Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Jimenez, Noah	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/11/2024	Full name of contributor out-of-state Jimenez, Noah Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this 1	for	m.	1	Total pages Schedule A1: Sch: 83/203 Rpt: 87/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state PAC (ID#: Jimenez, Noah Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1_		_		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Jimenez Unzueta, Marco Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Medic	,		City of Austin	,		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Jimenez Unzueta, Marco Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Jimenez Unzueta, Marco Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 84/203 Rpt: 88/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-star Johns, Edward Contributor address; City; State; Zip Cod 	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Johns, Edward Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state Johnson, Andy Contributor address; City; State; Zip Cod	ate PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Johnson, Andy)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Johnson, Andy)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 85/203 Rpt: 89/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Johnson, Katherine6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Junod, Joseph Contributor address; City; S)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	2)		Employer (See Instructions	<u>''</u>		
	Medic	pation / Job title (See Instructions	5)		City of Austin	s)		
	Date 10/11/2024	Full name of contributor Junod, Joseph Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Junod, Joseph Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Kalinowski, Jonathan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1.40
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 86/203 Rpt: 90/210	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Kalinowski, Jonathan6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$1.40
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Kalinowski, Jonathan Contributor address; City; Sta)		Amount of Contribution (\$)	\$1.40
	Principal occur	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	z) 		
	Medic	pation / 300 title (See Instituctions)		City of Austin))		
	Date 09/27/2024	Full name of contributor Kaminowitz, Robert Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Kaminowitz, Robert Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Kaminowitz, Robert Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 87/203 Rpt: 91/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PAC (ID#:_Kane, Mikel Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Kane, Mikel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Π	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Kane, Mikel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Keef, Sean Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Keef, Sean Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 88/203 Rpt: 92/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Keef, Sean6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Kelly, Nolan Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$5.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	:, 		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 10/11/2024	Full name of contributor Kelly, Nolan Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.27
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s) 		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Kelly, Nolan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.27
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Kimble, Alena Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
			-					

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 89/203 Rpt: 93/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Kimble, Alena6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction	5)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Kimble, Alena Contributor address; City; S	out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	\$3.00
	Dringing	Austin, TX 78721			Franks or (Cook batturations			
	Medic Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Kingsbury, Dillon Contributor address; City; S)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Kingsbury, Dillon Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:			-	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction	s)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Kingsbury, Dillon Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 90/203 Rpt: 94/210	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 5 Full name of contributor on on			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Kirmanidis, Andre Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor on the contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor on the Knauer, Andrew Contributor address; City; State; Z Austin, TX 78721	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 10/11/2024	Full name of contributor on Knauer, Andrew Contributor address; City; State; Z Austin, TX 78721	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 91/203 Rpt: 95/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Knauer, Andrew6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Knight, Aaron Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)		Employer (See Instructions	·/		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 10/11/2024	Full name of contributor Knight, Aaron Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Knight, Aaron Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Koch, James Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 92/203 Rpt: 96/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Koch, James6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Koch, James Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic	`	,	City of Austin	,		
	Date 09/27/2024	Full name of contributor Koller, Joel Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Koller, Joel Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Koller, Joel Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
			,				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 93/203 Rpt: 97/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 - S)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state PAC Koller, Steven Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Kownacki, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Kownacki, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	plete this forr	m.	1	Total pages Schedule A1: Sch: 94/203 Rpt: 98/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	Kownacki, Benjamin	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721					
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-s Kraemer, Ashley Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic	,		City of Austin			
	Date 10/11/2024	Full name of contributor out-of-s Kraemer, Ashley Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Kraemer, Ashley)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 09/27/2024	Full name of contributor out-of-s Krampitz, Casey Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 95/203 Rpt: 99/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Krampitz, Casey	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of Krampitz, Casey Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin			
	Date 09/27/2024	Full name of contributor out-of Kraus, Stephen Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Kraus, Stephen	f-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 10/25/2024	Kraus, Stephen	f-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	his fori	m.	1	Total pages Schedule A1: Sch: 96/203 Rpt: 100/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PAC Krycia, Noah Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Krycia, Noah Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 - S)		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor out-of-state PAC Krycia, Noah Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Kurtze, Benedict Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Kurtze, Benedict Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 97/203 Rpt: 101/210	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Kurtze, Benedict6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Lamoureux, Nicholas Contributor address; City; Sta)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	<u>s)</u>		
	Medic	padott/ 305 title (366 maracions)		City of Austin	۰)		
	Date 10/11/2024	Full name of contributor Lamoureux, Nicholas Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Lamoureux, Nicholas Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Lancaster, Eric Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 98/203 Rpt: 102/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-st Lancaster, Eric Contributor address; City; State; Zip Cod 	tate PAC (ID#:		7	Amount of Contribution (\$)	\$2.50
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-st Lancaster, Eric Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor out-of-st LeFan, Rebecca Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	LeFan, Rebecca)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l </u>		
	Date 10/25/2024	Full name of contributor out-of-st LeFan, Rebecca Contributor address; City; State; Zip Cod Austin, TX 78721	tate PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 99/203 Rpt: 103/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	<u></u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Leibin, Michael6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Leibin, Michael Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721			Employer (See Instructions	·/_		
	Medic	pation / Job title (See Instructions	5)		City of Austin	»)		
	Date 10/25/2024	Full name of contributor Leibin, Michael Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Lesley, Brian Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Lesley, Brian Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
			,					

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 100/203 Rpt: 104/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of Lesley, Brian Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of Lester, Christopher Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	7		
	Medic	pation 7 300 title (See mandenons)		City of Austin	')		
	Date 10/11/2024	Full name of contributor out-of Lester, Christopher Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Lester, Christopher	f-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 09/27/2024	Leyva, Andrew	f-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
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	MONET	ARY POLITICAL CONTRIE	BUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	e this form.	1	Total pages Schedule A1: Sch: 101/203 Rpt: 105/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	loyee PAC	3	Filer ID (Ethics Commission F 00053202	ilers)
4	Date 10/11/2024	 Full name of contributor out-of-state Leyva, Andrew Contributor address; City; State; Zip Code 	PAC (ID#:	7	Amount of Contribution (\$)	\$3.00
_	Deire die al. a a co	Austin, TX 78721	Jo 5,000,000 (6	2 1		
8	Medic	pation / Job title (See Instructions)	City of Aus	See Instructions) stin		
	Date 10/25/2024	Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (S	See Instructions)		
	Medic		City of Aus	stin		
	Date 09/27/2024	Full name of contributor out-of-state Lidster, Matthew Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (S City of Aus	See Instructions)		
	Date 10/11/2024	Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (S City of Aus	See Instructions)		
	Date 10/25/2024	Full name of contributor out-of-state Lidster, Matthew Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (S City of Aus	See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 102/203 Rpt: 106/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	Deireitaal	Austin, TX 78721	<u> </u>	Faralassa (Ossalastasstissa			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Lindsay, Ross Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor)#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID Lines, Bradley Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Lines, Bradley Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 103/203 Rpt: 107/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (ID Lines, Bradley 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$4.50
_	Deignigal	Austin, TX 78721	ام	Familia de la Constitución de la composición del composición de la composición de la composición de la composición del composición de la c			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID Lopez, Cindy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Lopez, Cindy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Lopez, Cindy Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID Lopez, Lindsay Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 104/203 Rpt: 108/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor	-		7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	la la	5 1 (0 1 1 1			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAGE Lopez, Ramon Contributor address; City; State; Zip Code Austin, TX 78721	-)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 10/25/2024	Full name of contributor out-of-state PAI Lopez, Ramon Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 105/203 Rpt: 109/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721					
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin)		
	Date 10/25/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/11/2024	Lydon, Cassandra	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/25/2024	Lydon, Cassandra	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
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	MONET	ARY POLITICAL CONTR	RIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this form.	1	Total pages Schedule A1: Sch: 106/203 Rpt: 110/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-st Lynch, Brian Contributor address; City; State; Zip Coo 	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	Deinsinal	Austin, TX 78721	D. Frankrije (Oze kolovskije			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-st Lynch, Brian Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Medic		City of Austin			
	Date 09/27/2024	Full name of contributor	ate PAC (ID#:) de		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Malgieri, Anthony Contributor address; City; State; Zip Cod	de		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction: City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-st Malgieri, Anthony Contributor address; City; State; Zip Cod Austin, TX 78721	de		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
			1			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 107/203 Rpt: 111/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Mallon, Paul6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	5)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Mallon, Paul Contributor address; City; S)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instruction:	3)		Employer (See Instructions	<u>:)</u>		
	Medic	pation / 305 title (300 matricellon)	5)		City of Austin	"		
	Date 10/25/2024	Full name of contributor Mallon, Paul Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Malone, Jordan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#: tate; Zip Code)	-	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Malone, Jordan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 108/203 Rpt: 112/210	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 09/27/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
_	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor	Dut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 09/27/2024	Full name of contributor Communication of Contributor address; City; State; 2 Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
			•				

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 109/203 Rpt: 113/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state Mancias, Vivian Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state Mancias, Vivian Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state Martin, Denise Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state Martin, Denise Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)	-	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 110/203 Rpt: 114/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Martin, Emily6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Martin, Emily Contributor address; City; S)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Medic	(000	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor Martin, Emily Contributor address; City; S)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Martin, Noah Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Martin, Noah Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 111/203 Rpt: 115/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1_		L		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Martinez, Henry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor	e PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Martinez, Henry)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 09/27/2024	Mason, Bryan				Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 112/203 Rpt: 116/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Mason, Bryan Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.50
_	Deignaignal annu	Austin, TX 78721	O Familiana (Goo Instructions	<u></u>		
8	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	S) 		
	Date 10/25/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 09/27/2024	Full name of contributor	C (ID#:)	•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAGE Maxwell, Aaron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 10/25/2024	Full name of contributor out-of-state PAI Maxwell, Aaron Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIB	BUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 113/203 Rpt: 117/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	oloyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state F May, Meghan Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$1.27
_	Dringing! goog	Austin, TX 78721	Contour (Contour tion	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	S)		
	Date 10/11/2024	Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$1.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state F May, Meghan Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$1.27
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 10/11/2024	Full name of contributor out-of-state F McClelland, Sterling Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 114/203 Rpt: 118/210	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	McClelland, Sterling	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_	Daine in a la casa	Austin, TX 78721	T _a	Fundament (Constructions			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor ou McDaniel, Michael Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$9.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor ou McDaniel, Michael Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$9.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor ou McDaniel, Michael Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor ou McGarry, Kenneth Contributor address; City; State; Zi Austin, TX 78721	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL (CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 115/203 Rpt: 119/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor McGarry, Kenneth6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	i)		
	Date 10/25/2024	Full name of contributor McGarry, Kenneth Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	3)	F	Employer (See Instructions) 		
	Medic	panon, dos uno (eco mendenone	"		City of Austin	,		
	Date 09/27/2024	Full name of contributor McIntire, Morgan Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	<u>;</u>)		
	Date 10/11/2024	Full name of contributor McIntire, Morgan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	i)		
	Date 10/25/2024	Full name of contributor McIntire, Morgan Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	()		
			,					

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 116/203 Rpt: 120/210	
2	FILER NAME Austin Travis	County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state McLaughlin, Kathleen Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	McLaughlin, Kathleen			•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	(City of Austin	,		
	Date 10/25/2024	Full name of contributor out-of-state McLaughlin, Kathleen Contributor address; City; State; Zip Code	te PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	McNiff, Katie)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	McNiff, Katie	te PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	nis for	n.	1	Total pages Schedule A1: Sch: 117/203 Rpt: 121/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (McNiff, Katie 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state PAC (Mead, Catrina Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (Mead, Catrina Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (Medina, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 118/203 Rpt: 122/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Medina, Jonathan6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor Medina, Jonathan Contributor address; City; S					Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/_		
	Medic	pation 7 300 title (See Instructions	5)		City of Austin)		
	Date 09/27/2024	Full name of contributor Megally, Maureen Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Megally, Maureen Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Megally, Maureen Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
			-					

	MONET	ARY POLITICAL CON	TRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 119/203 Rpt: 123/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PA	C	3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out Mendez, Corey Contributor address; City; State; Zip 	-of-state PAC (ID#:) Code		7	Amount of Contribution (\$)	\$3.00
_	Daine in all accord	Austin, TX 78721	1.). Faralas as (Cara la structiona			
8	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u></u>		
	Date 10/11/2024	Mendez, Corey Contributor address; City; State; Zip	-of-state PAC (ID#: O Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>;</u>)		
	Date 10/25/2024	Full name of contributor out Mendez, Corey Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			
	Date 09/27/2024	Mestaz, Thomas Contributor address; City; State; Zip	-of-state PAC (ID#:) Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Mestaz, Thomas Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 120/203 Rpt: 124/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024			Amount of Contribution (\$)	\$3.00	
_	5	Austin, TX 78721	<u> </u>	Ĺ		
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s) 		
	Date 09/27/2024	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Meyer, Brett Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Meyer, Brett Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Miller, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 121/203 Rpt: 125/210	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor ou Miller, Matthew6 Contributor address; City; State; Zip			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Miller, Matthew Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor ou Mireles, Guadalupe Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor ou Mireles, Guadalupe Contributor address; City; State; Zip Austin, TX 78721	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor ou Mireles, Guadalupe Contributor address; City; State; Zip Austin, TX 78721	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
			<u>.</u>				

	MONET	ARY POLITICAL CONTRIBU	UTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 122/203 Rpt: 126/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor out-of-state PA Molinelli, Nicholas 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state PA Molinelli, Nicholas Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PA Monson, Nancy Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTE	RIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 123/203 Rpt: 127/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services I	Employee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024			Amount of Contribution (\$)	\$1.00	
0	Dringing oggu	Austin, TX 78721	6 Employer (See Instruction	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	15)		
	Date 09/27/2024	Full name of contributor out-of-s Moore, Alexander Contributor address; City; State; Zip Co	state PAC (ID#:) ide		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	<u> </u>		
	Medic	panelly, cost and (cost mendencie)	City of Austin	,		
	Date 10/11/2024	Full name of contributor out-of-s Moore, Alexander Contributor address; City; State; Zip Co	otate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ıs)		
	Date 10/25/2024	Moore, Alexander	state PAC (ID#:) de		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	l ns)		
	Date 09/27/2024	Full name of contributor out-of-s Moore, Garrett Contributor address; City; State; Zip Co	state PAC (ID#:) de		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
			-			

	MONET	ARY POLITICAL (CONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 124/203 Rpt: 128/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Moore, Garrett6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	S)		
	Date 10/25/2024	Full name of contributor Moore, Garrett Contributor address; City; St				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	;)	Employer (See Instructions	 		
	Medic	(,	City of Austin	,		
	Date 09/27/2024	Full name of contributor Morris, Kyle Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Morris, Kyle Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Morris, Kyle Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL (CONTRIBUTION	NS _	.		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 125/203 Rpt: 129/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	3		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Morrison, Timothy6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		mployer (See Instructions ity of Austin)		
	Date 10/11/2024	Full name of contributor Morrison, Timothy Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	2)	F	mployer (See Instructions			
	Medic	pation / Job title (See Instructions)		ity of Austin)		
	Date 10/25/2024	Full name of contributor Morrison, Timothy Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(5)		mployer (See Instructions city of Austin)		
	Date 09/27/2024	Full name of contributor Morton, Rebecca Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	s)		mployer (See Instructions ity of Austin)		
	Date 10/11/2024	Full name of contributor Morton, Rebecca Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		mployer (See Instructions ity of Austin)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 126/203 Rpt: 130/210	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Austin Travis	County Emergency Medical Services Employee PA	AC .		00053202	
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (ID#:_ Morton, Rebecca)	7	Amount of Contribution (\$)	\$2.00
		6 Contributor address; City; State; Zip Code Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/27/2024	Muniz, Brian				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/11/2024	Muniz, Brian				\$2.00
		Contributor address; City; State; Zip Code Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/25/2024	Muniz, Brian Contributor address; City; State; Zip Code				\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/27/2024	Murphy, Michelle				\$3.00
		Contributor address; City; State; Zip Code				
_	Dringing cos:	Austin, TX 78721	Employor (Coo Instructions	'' 		
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	·)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 127/203 Rpt: 131/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state out-o			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1-		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Murphy, Michelle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state Murry, Richard Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Murry, Richard				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Murry, Richard)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 128/203 Rpt: 132/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721	- 10	Franksian (Coo Instructions			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state PA Nance, Megan Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PA Negron, Luis Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PA Negron, Luis Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	NS 			SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rm.		1	Total pages Schedule A1: Sch: 129/203 Rpt: 133/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Negron, Luis6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		nployer (See Instructions ty of Austin	5)		
	Date 09/27/2024	Full name of contributor Nelson, William Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Deinsinal	Austin, TX 78721	<u> </u>	F.,	anlavar (Caa Inatriyatiana			
	Medic Medic	pation / Job title (See Instructions	5)		nployer (See Instructions ty of Austin	5)		
	Date 10/11/2024	Full name of contributor Nelson, William Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		nployer (See Instructions ty of Austin	5)		
	Date 10/25/2024	Full name of contributor Nelson, William Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	6)		nployer (See Instructions ty of Austin)		
	Date 09/27/2024	Full name of contributor Nguyen, Christopher Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		nployer (See Instructions ty of Austin	()		
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	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 130/203 Rpt: 134/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	1-	5 1 (0 1 1 1	<u></u>		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin			
	Date 10/25/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Noak, Darren Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Noak, Darren Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 131/203 Rpt: 135/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 5 Full name of contributor out-of-state PAC (ID Noble, Keith 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$5.00
_	Deireitaal	Austin, TX 78721		Faralassa (Ossalasstasstissa			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor)#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID Noftle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Noftle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTR	RIBUTIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this form.		1	Total pages Schedule A1: Sch: 132/203 Rpt: 136/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024		tate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1				
8	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	5)		
	Date 09/27/2024	Nudelman, Lee Contributor address; City; State; Zip Co	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	5)		
	Date 10/11/2024	Nudelman, Lee Contributor address; City; State; Zip Co	de)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	<u> </u>		
	Date 09/27/2024	Olivarez, Dominique Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		nployer (See Instructions ty of Austin	j)		
	Date 10/11/2024	Full name of contributor out-of-s Olivarez, Dominique Contributor address; City; State; Zip Co Austin, TX 78721	date PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		nployer (See Instructions ty of Austin)		
			1				

	MONET	ARY POLITICAL CONTR	RIBUTIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this form.		1	Total pages Schedule A1: Sch: 133/203 Rpt: 137/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-si Olivarez, Dominique	tate PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
•	Dringing! goog	Austin, TX 78721	lo Em	playor (Can Instructions			
8	Medic Medic	pation / Job title (See Instructions)		ployer (See Instructions of Austin)		
	Date 09/27/2024	Full name of contributor out-of-si Olivo, Nicholas Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Em	ployer (See Instructions)		
	Medic	paner / cos ano (cos monación)		of Austin	,		
	Date 10/11/2024	Full name of contributor out-of-si Olivo, Nicholas Contributor address; City; State; Zip Co	ate PAC (ID#:de)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		ployer (See Instructions y of Austin)		
	Date 10/25/2024	Olivo, Nicholas Contributor address; City; State; Zip Co	ate PAC (ID#:de)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		ployer (See Instructions of Austin)		
	Date 09/27/2024	Full name of contributor out-of-si Orr, John Contributor address; City; State; Zip Co	de)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		ployer (See Instructions of Austin)		
			1				

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 134/203 Rpt: 138/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state Orr, John Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721			<u></u>		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Orr, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Orr, Valeria)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Orr, Valeria)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Orr, Valeria)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 135/203 Rpt: 139/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PAC Pailes, Kenneth Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$5.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s) 		
	Date 10/11/2024	Full name of contributor out-of-state PAC Pailes, Kenneth Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Medic	pation 7 300 title (See Instructions)		City of Austin	>)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Pailes, Kenneth Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIB	BUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 136/203 Rpt: 140/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state P Palmer, Jacob Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_	Daine in all access	Austin, TX 78721	lo Familia (Carla Instruction			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	is)		
	Date 09/27/2024	Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Medic		City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state P Patterson, Roger Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ıs)		
	Date 10/25/2024	Full name of contributor out-of-state P Patterson, Roger Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	l s)		
	Date 09/27/2024	Full name of contributor out-of-state P Pearson, Kayla Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ıs)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 137/203 Rpt: 141/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor out-of-state PAC (ID# Pearson, Kayla 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			_		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	S) 		
	Date 10/25/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	 ;)		
	Medic			City of Austin	,		
	Date 09/27/2024	Full name of contributor uut-of-state PAC (ID# Perry, Sean Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID# Perry, Sean Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID# Perry, Sean Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 138/203 Rpt: 142/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC	;	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor out-of-state PAC (ID Phillips, Heather 6 Contributor address; City; State; Zip Code	D#:)	7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Phillips, Heather Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor)#:		•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID Phillips, Kyle Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 10/11/2024	Full name of contributor out-of-state PAC (IE Phillips, Kyle Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 139/203 Rpt: 143/210	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	County Emergency Medical Services Employee	PAC		00053202	
4	Date 10/25/2024	 Full name of contributor out-of-state PAC (IE Phillips, Kyle Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor	D#:)		Amount of Contribution (\$)	#2.00
	09/27/2024	Pizzonia, Alexander				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	#2.00
	10/11/2024	Pizzonia, Alexander		.		\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor ut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	10/25/2024	Pizzonia, Alexander				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor ut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	09/27/2024	Plewacki, Thomas				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 140/203 Rpt: 144/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor out-of-state PAC (II Plewacki, Thomas 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (II Plewacki, Thomas Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Medic	pation / 000 title (eee instructions)		City of Austin	٠,		
	Date 09/27/2024	Full name of contributor out-of-state PAC (II Poss, Lauren Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (II Poss, Lauren Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 10/25/2024	Full name of contributor out-of-state PAC (II Poss, Lauren Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 141/203 Rpt: 145/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-star out-o			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Powell-Evans, Simon	te PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 10/25/2024	Full name of contributor out-of-state Powell-Evans, Simon Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Powers, Kristy)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 10/11/2024	Powers, Kristy				Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 142/203 Rpt: 146/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (ID# Powers, Kristy 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	\top	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID# Price, Amber Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID) Price, Amber Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID# Pruiett, Cayden Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his fori	n.	1	Total pages Schedule A1: Sch: 143/203 Rpt: 147/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC Pruiett, Cayden Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s) 		
	Date 10/25/2024	Full name of contributor			•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic	panent, 602 and (600 mendene)		City of Austin	-,		
	Date 09/27/2024	Full name of contributor out-of-state PAC Puckett, James Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$2.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Puckett, James Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Puckett, James Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:			Amount of Contribution (\$)	\$2.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 144/203 Rpt: 148/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PA Pursley, Shaun Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$2.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s) 		
	Date 10/11/2024	Full name of contributor out-of-state PA Pursley, Shaun Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	pation / cos tale (coe mondations)		City of Austin	-,		
	Date 10/25/2024	Full name of contributor out-of-state PA Pursley, Shaun Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PA Quiroz Mendez, Jesus Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PA Quiroz Mendez, Jesus Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)		
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	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 145/203 Rpt: 149/210)
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Quiroz Mendez, Jesus6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	s) g		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor Rafferty, Zachary Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$13.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions			Employer (See Instructions	·/		
	Medic	pation / Job title (See Instructions	5)		City of Austin	·)		
	Date 10/11/2024	Full name of contributor Rafferty, Zachary Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Rafferty, Zachary Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Ramirez, Alexandra Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 146/203 Rpt: 150/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor out-of-state PAC (ID Ramos, Duane 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_	Daine in all a con-	Austin, TX 78721	la Funtani (On traturi in			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Ramos, Duane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions) 		
	Medic	pation 7 vob title (occ motitudions)	City of Austin	',		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Ramos, Duane Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID Rasmussen, Nathan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> ;)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Rasmussen, Nathan Contributor address; City; State; Zip Code Austin, TX 78721	#:)		Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONT	ribution (S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 147/203 Rpt: 151/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$9.50
_	Delicalizado a com	Austin, TX 78721	lo.	Faradaya (Carabastiana			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin)		
	Date 09/27/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medic	panon, cos ano (cos monacione)		City of Austin	,		
	Date 10/11/2024	Full name of contributor out-one Rasmussen, Rebecca Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/25/2024	Rasmussen, Rebecca	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 09/27/2024	Full name of contributor out-one Rattan, MaKena Contributor address; City; State; Zip Austin, TX 78721	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
			,				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 148/203 Rpt: 152/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAR Rattan, MaKena Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor out-of-state PARawn, Madison Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PARawn, Madison Contributor address; City; State; Zip Code Austin, TX 78721)	-	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PARawn, Madison Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			<u>.</u>				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 149/203 Rpt: 153/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (Redd, Kevin Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 10/11/2024	Full name of contributor out-of-state PAC (Redd, Kevin Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 150/203 Rpt: 154/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state Redd, Kevin Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1.30
_	Deireitaal	Austin, TX 78721	la la	Frankrije (Ozakastica			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state Regier, Natalie Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state Reilly, Susanna Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 151/203 Rpt: 155/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1_		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Reilly, Susanna)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-stat Remus, Hannah Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Remus, Hannah)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u> 5)		
	Date 10/25/2024	Full name of contributor out-of-stat Remus, Hannah Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 152/203 Rpt: 156/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor out-of-state PAC (ID Reyes, Christopher 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
_	Deireitaal	Austin, TX 78721		Faralassa (Ossalasstasstissa			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Reyes, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	_	Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin	,		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Reyes, Christopher Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	plete this forr	n.	1	Total pages Schedule A1: Sch: 153/203 Rpt: 157/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	Rice, Larry	-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of Richter, Lauren Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	paner, cos uno (coo mondono)		City of Austin	,		
	Date 10/11/2024	Full name of contributor out-of Richter, Lauren Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Richter, Lauren	-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 09/27/2024	Full name of contributor out-of Risinger, Russell Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 154/203 Rpt: 158/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor Risinger, Russell	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Risinger, Russell Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions			
	Medic	pation / 300 title (See instructions)		City of Austin	')		
	Date 09/27/2024	Full name of contributor Rivera, Nathaniel Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/11/2024	Full name of contributor Rivera, Nathaniel Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Rivera, Nathaniel Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			,				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 155/203 Rpt: 159/210	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	Robbins, Joseph	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			_		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor our Robbins, Joseph Contributor address; City; State; Zip				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Medic	pation 7 ood title (occ matractions)		City of Austin	',		
	Date 10/25/2024	Full name of contributor our Robbins, Joseph Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor our contributor address; City; State; Zip Output Austin, TX 78721	o Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor our Rocha, Andrea Contributor address; City; State; Zip Austin, TX 78721	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete tl	his form.	1	Total pages Schedule A1: Sch: 156/203 Rpt: 160/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state PAC Rocha, Andrea Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	<u> </u>	Ĺ		
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s) 		
	Date 09/27/2024	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Rodgers, Jared Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Rodgers, Jared Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 157/203 Rpt: 161/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Full name of contributor Rodriguez, Andrew Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_	<u> </u>	Austin, TX 78721	10				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Rodriguez, Andrew Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor Rodriguez, Giovanni Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/11/2024	Full name of contributor Rodriguez, Giovanni Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 10/25/2024	Full name of contributor Rodriguez, Giovanni Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	·)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 158/203 Rpt: 162/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PAC (IE Roe, Lillian Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	اء		<u></u>		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (IE Roe, Lillian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	pation / 300 title (See Instructions)		City of Austin	P)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (IE Roe, Lillian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (IE Rogers, Darren Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (IE Rogers, Darren Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTI	RIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this fo	rm.	1	Total pages Schedule A1: Sch: 159/203 Rpt: 163/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAG		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	Rogers, Darren	state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.30
_	Duinning Langu	Austin, TX 78721	1.	. Franks ou (Cook both others			
8	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-s Rogers, Wesley Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-s Rogers, Wesley Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Rogers, Wesley	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 09/27/2024	Full name of contributor out-of-s Romo, Jodeci Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 160/203 Rpt: 164/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC (ID#: Romo, Jodeci Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_	Deireitad	Austin, TX 78721	10	Faralassa (Caralastassticas			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Τ	Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Rose, Donald Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Rose, Donald Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Rose, Donald Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this fo	rm.	1	Total pages Schedule A1: Sch: 161/203 Rpt: 165/210	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PA	С	3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor Rutledge, Lindsey 6 Contributor address; City; State; Z	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.50
_	Deinsinal	Austin, TX 78721	1.	2. Faralana (Car Instruction			
8	Medic	pation / Job title (See Instructions)		9 Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	panelly cost the (cost included in)		City of Austin	,		
	Date 10/25/2024	Full name of contributor of contributor contributor address; City; State; Z	ut-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Salmeron, Alejandro Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/11/2024	Full name of contributor of Salmeron, Alejandro Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 162/203 Rpt: 166/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission I 00053202	-ilers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (ID#:_ Salmeron, Alejandro 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Sandoval Ruano, Edward Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Santiago, Sabrina Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 163/203 Rpt: 167/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	Santiago, Sabrina	o Code		7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721	To.	Frankrije (Coo kooku etiono			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out Santiago, Sabrina Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor out Scamman, Alexis Contributor address; City; State; Zip	o Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out Scamman, Alexis Contributor address; City; State; Zip Austin, TX 78721	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out Scamman, Alexis Contributor address; City; State; Zip Austin, TX 78721	o Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	·)		
			•				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 164/203 Rpt: 168/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services I	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	5	Austin, TX 78721		(O)			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Schulz, Douglas	state PAC (ID#:			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 10/11/2024	Schulz, Douglas	state PAC (ID#:)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 165/203 Rpt: 169/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (IE Schulz, Douglas 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.30
8	Principal occu	Austin, TX 78721	ام	Employer (See Instructions	", 		
•	Medic Medic	pation / Job title (See Instructions)		City of Austin	»)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (IE Schutt, Kyle Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1.00
	Dringing! goog	Austin, TX 78721	_	Employer (See Instructions	<u>,,</u>		
	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (IE Schutt, Kyle Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (IE Schutt, Kyle Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (IE Scott, Austin Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 166/203 Rpt: 170/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s) 		
	Date 10/25/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Sedillo, Gabriel Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Sedillo, Gabriel Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>.</u> S)		

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 167/203 Rpt: 171/210	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 5 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_	Deireitad	Austin, TX 78721		Farada a (Carada de Arastica de			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 10/11/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 09/27/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 10/11/2024	Full name of contributor Contributor Contributor address; City; State; 2 Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
			<u>, </u>				

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 168/203 Rpt: 172/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (ID: Sircher, Christopher 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721	D. Frankrige (Co.) Instruction			
8	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Medic	,	City of Austin	,		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID: Sklar, Estelle Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID: Sklar, Estelle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> ;)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID: Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721	*:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> 5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 169/203 Rpt: 173/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-Slattery, Christian Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Slattery, Christian Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor out-of- Sletten, Spencer Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Sletten, Spencer	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/25/2024	Sletten, Spencer	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 170/203 Rpt: 174/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAG	<u></u>		3	Filer ID (Ethics Commission I 00053202	-ilers)
4	Date 09/27/2024	5 Full name of contributor Smith, Anthony6 Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor Smith, Anthony Contributor address; City; S)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)		Employer (See Instructions	;)		
	Medic	pation, dob title (dec matractions			City of Austin	,,		
	Date 10/25/2024	Full name of contributor Smith, Anthony Contributor address; City; S)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Smith, Ashlyn Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Smith, Ashlyn Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 171/203 Rpt: 175/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	Smith, Ashlyn	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Smith, Joshua Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Smith, Joshua	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Stec, Ryan	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>;</u>)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 172/203 Rpt: 176/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributorStec, Ryan6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	- la	5 1 (0 1 i ii	<u></u>		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Stec, Ryan Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor Stedman, Christina Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Stedman, Christina Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Stedman, Christina Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 173/203 Rpt: 177/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ree PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 5 Full name of contributor out-of-state PAC Stephens, Eric 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s) 		
	Date 10/11/2024	Full name of contributor out-of-state PAC Stephens, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor out-of-state PAC Stephens, Eric Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Stevens, Mitchell Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Stevens, Mitchell Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 174/203 Rpt: 178/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721	- 10	5 1 (0 1 1 1	_		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (Stowe, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 10/11/2024	Full name of contributor out-of-state PAC (Stowe, Richard Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (Stowe, Richard Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (Stubbs, Brian Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 175/203 Rpt: 179/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	ployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.50
_	Dringing Loon	Austin, TX 78721	lo.	Employer (Coo Instructions	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state Swanner, Emily Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Swanner, Emily	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 176/203 Rpt: 180/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 5 Full name of contributor out-of-state PAC (ID#: Swift, Patrick 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1_		Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Tait, Grant Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Tait, Grant Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 177/203 Rpt: 181/210	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 09/27/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medic	,		City of Austin	,		
	Date 10/11/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/25/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 09/27/2024	Full name of contributor Carlo	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 178/203 Rpt: 182/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-st Tekamp, Austin Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$3.00
_	Dringing Loon	Austin, TX 78721	lo.	Employer (Coo Instructions	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Tekamp, Austin Contributor address; City; State; Zip Cod	tate PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-st Thomas, Jonathan Contributor address; City; State; Zip Cod	tate PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Thomas, Jonathan	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-st Thomas, Jonathan Contributor address; City; State; Zip Cod Austin, TX 78721	tate PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 179/203 Rpt: 183/210	
2	FILER NAME	s County Emergency Medical Ser	vices Employee PA	C	3	Filer ID (Ethics Commission 00053202	Filers)
_					Ŀ		
4	Date 09/27/2024	Thomas, Patrick	out-of-state PAC (ID#:)	ľ	Amount of Contribution (\$)	\$2.00
		6 Contributor address; City; State;	Zip Code				
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	!	9 Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Thomas, Patrick					\$2.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78721					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			
	Date	_	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	Thomas, Patrick					\$2.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	paden, cos ado (cos moduscio)		City of Austin	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	,	Г	Amount of Contribution (\$)	
	09/27/2024	Thompson, Garner	out-of-state FAC (ID#			Amount of Continuation (4)	\$1.00
	00/21/2021	Contributor address; City; State;	Zin Code				Ψ1.00
		Contributor address, City, State,	Zip Code				
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/11/2024	Thompson, Garner					\$1.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78721			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			
_							

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 180/203 Rpt: 184/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Thompson, Garner6 Contributor address; City; State			7	Amount of Contribution (\$)	\$1.00
_	5	Austin, TX 78721					
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 09/27/2024	Full name of contributor Thornton, Nichole Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 10/11/2024	Full name of contributor Thornton, Nichole Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/25/2024	Full name of contributor Thornton, Nichole Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 09/27/2024	Full name of contributor Thornton, Sarah Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 181/203 Rpt: 185/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor out-of-state PAC (ID Thornton, Sarah 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor)#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Todd, Joshua Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 182/203 Rpt: 186/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	5 Full name of contributor out-of-state PAC (I Toole, Garrett 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
_	<u> </u>	Austin, TX 78721	la.	5 1 (0 1 1 1			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor	ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (I Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> 5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (I Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 183/203 Rpt: 187/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state PAC (II Toole, Kaytlyn Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	-		L		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor out-of-state PAC (If Torres, Gil Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (II Torres, Gil Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (II Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	UTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 184/203 Rpt: 188/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state F Torrez, Ernest Contributor address; City; State; Zip Code 	PAC (ID#:	7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721				
8	Medic	pation / Job title (See Instructions)	9 Employer (See Inst City of Austin	ructions)		
	Date 10/25/2024	Full name of contributor out-of-state F Torrez, Ernest Contributor address; City; State; Zip Code	AC (ID#:		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Inst	ructions)		
	Date 09/27/2024	Full name of contributor out-of-state F Tran, Si Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Inst	ructions)		
	Date 10/11/2024	Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Inst	ructions)		
	Date 10/25/2024	Full name of contributor out-of-state F Tran, Si Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Inst City of Austin	ructions)		
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	MONET	ARY POLITICAL CONTR	IBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	lete this fo	rm.	1	Total pages Schedule A1: Sch: 185/203 Rpt: 189/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	mployee PA	C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-sta Traxel, Joshua Contributor address; City; State; Zip Cod 	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	Ş	9 Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Traxel, Joshua Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state Traxel, Joshua Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Trojanowski, Mark Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/11/2024	Trojanowski, Mark Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occur	Austin, TX 78721		Employer (See Instructions	:) 		
	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	·)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 186/203 Rpt: 190/210	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	5 Full name of contributor Trojanowski, Mark6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721		5 1 (0 1 1 1			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Van Treese, Taylor Contributor address; City; Sta)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor Van Treese, Taylor Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Van Treese, Taylor Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor VanZandt, Donovan Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 187/203 Rpt: 191/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor out-of-state PAC VanZandt, Donovan 6 Contributor address; City; State; Zip Code	-	7	Amount of Contribution (\$)	\$5.00
_	Dringing Loon	Austin, TX 78721	0 Employer/Coc Instructions	_		
8	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Medic		City of Austin	,		
	Date 09/27/2024	Full name of contributor out-of-state PAC Vargas, Eric Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC Vargas, Eric Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Vargas, Eric Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
			•			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 188/203 Rpt: 192/210	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	Veasna, Renayuddh	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$3.00
_	Deinsinal	Austin, TX 78721	lo lo	Farada a (Carada de Arastica de			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Veasna, Renayuddh Contributor address; City; State;				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor Veasna, Renayuddh Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor Villalobos, Ana Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor Villalobos, Ana Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>.</u>		

	MONET	ARY POLITICAL CONTRIE	BUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 189/203 Rpt: 193/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state F Villalobos, Ana Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_	Duinning Langu	Austin, TX 78721	1,	O Familia var (Can Institutations			
8	Medic	pation / Job title (See Instructions)		9 Employer (See Instructions City of Austin	S) 		
	Date 09/27/2024	Full name of contributor out-of-state F Voelker, Jaime Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	paner, rest and (est mediations)		City of Austin	-,		
	Date 10/11/2024	Full name of contributor out-of-state F Voelker, Jaime Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor out-of-state F Voelker, Jaime Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> S)		
	Date 09/27/2024	Full name of contributor out-of-state F Wadham, Gary Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>1</u> S)		
			<u>'</u>				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 190/203 Rpt: 194/210	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributorWadham, Gary6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721	,				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Wadham, Gary Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	•		
	Date 09/27/2024	Full name of contributor Ward, Christopher Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 10/11/2024	Full name of contributor Ward, Christopher Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor Ward, Christopher Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 191/203 Rpt: 195/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
_	Daine in a la casa	Austin, TX 78721	la la	Four leaves (October 1974)			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 10/25/2024	Full name of contributor out-of-state Pa Way, Alexander Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state Pa Weber, Wyatt Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state Provided Weber, Wyatt Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 192/203 Rpt: 196/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state PA Weber, Wyatt Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_	Duinning Langu	Austin, TX 78721	10	Franksian (Cookastusations			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 09/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 10/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PA Weil, Skyler Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state PA Weldon, Tyler Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 193/203 Rpt: 197/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAr Weldon, Tyler Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$2.50
_	Deignigal	Austin, TX 78721	- 10	Franksian (Cookastusetisma			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAGE Weldon, Tyler Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor out-of-state PAI Welkley, Justin Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAI Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721	-)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAI Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 194/203 Rpt: 198/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-or Wesen, Hunter Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Wesen, Hunter Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor	f-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Westby, Andrew Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/11/2024	Westby, Andrew	f-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 195/203 Rpt: 199/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state F Westby, Andrew Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state F Wetzel, Samuel Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 10/11/2024	Full name of contributor out-of-state F Wetzel, Samuel Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state F Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721	-		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor out-of-state F White, Anna Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 196/203 Rpt: 200/210	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	С		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	5 Full name of contributor White, Anna6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 10/25/2024	Full name of contributor White, Anna Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)		Employer (See Instructions	 ;)		
	Medic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		City of Austin	,		
	Date 09/27/2024	Full name of contributor White, Stephen Contributor address; City; S)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor White, Stephen Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor White, Stephen Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	s)		
			,					

	MONET	ARY POLITICAL CONTRIBI	UTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 197/203 Rpt: 201/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	oyee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PA Wiggin, Stuart Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$1.00
_	Delicalizat a con	Austin, TX 78721	2 Facility (Oar last setting			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PA Wiggin, Stuart Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medic		City of Austin			
	Date 10/25/2024	Full name of contributor out-of-state PA Wiggin, Stuart Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 09/27/2024	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Full name of contributor out-of-state PA Wilkinson, David	AC (ID#:)		Amount of Contribution (\$)	\$3.00
		Contributor address; City; State; Zip Code Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
			•			

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 198/203 Rpt: 202/210	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/25/2024	Wilkinson, David	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1.				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	•		
	Date 10/11/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 10/25/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 09/27/2024	Full name of contributor Company of Contributor address; City; State; 2 Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>;</u>)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 199/203 Rpt: 203/210	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAG Winters, John Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			Ĺ		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 10/25/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 09/27/2024	Full name of contributor out-of-state PAG Wolber, Bailey Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAG Wolber, Bailey Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAG Wolber, Bailey Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 200/203 Rpt: 204/210	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024	Wright, Courtney	of-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 10/11/2024	Wright, Courtney Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 10/25/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 09/27/2024	Wyche, Tyson	of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 10/11/2024	Wyche, Tyson	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	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	s County Emergency Medical Services Empl	loyee PA	С	3	Filer ID (Ethics Commission 00053202	Filers)	
4	Date 10/25/2024			7	Amount of Contribution (\$)	\$3.00		
0	Dringing oggu	Austin, TX 78721	1,	• Employer (See Instructions	<u></u>			
8	Medic Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)			
	Date 09/27/2024				Amount of Contribution (\$)	\$3.00		
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)			
	Medic			City of Austin				
	Date Full name of contributor out-of-state PAC (ID# 10/11/2024 Xie, Selena Contributor address; City; State; Zip Code		PAC (ID#:)		Amount of Contribution (\$)	\$3.00	
		Austin, TX 78721						
Principal occupation / Job title (See Instructions) Medic				Employer (See Instructions City of Austin	5)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00		
				Employer (See Instructions City of Austin	<u> </u> 5)			
	Date 09/27/2024				Amount of Contribution (\$)	\$5.00		
	Austin, TX 78721				<u></u>			
	Principal occupation / Job title (See Instructions) Employer (See Instruction City of Austin		5)					

	MONET	ARY POLITICAL (CONTRIBUTION	IS 		SCHEDULE	A1
	The Instruction Guide explains how to complete this form.			m.	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 00053202	Filers)
4	Date 10/11/2024			7	Amount of Contribution (\$)	\$5.00	
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Yankiver, Lizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	s)	Employer (See Instructions	 		
	Medic	paner, ees and (ees menachers	,,	City of Austin	-,		
	Date Full name of contributor out-of-state PAC (ID#:) 99/27/2024 Yarbrough, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.00		
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Yarbrough, James Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$4.00		
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 10/25/2024			•	Amount of Contribution (\$)	\$4.00	
	Principal occu Medic	pation / Job title (See Instructions	(5)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		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	FILER NAME Austin Travis County Emergency Medical Services Employee PAC			Filer ID (Ethics Commission 00053202	Filers)
4	Date 09/27/2024 5 Full name of contributor out-of-state PAC (ID#:) Yasui, Benjamin 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00	
8	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Yasui, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_Yasui, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u>		

	LOANS					SCHEDULE E
	The Instructio	on Guide explains how to complete t	this f	orm.	1	ages Schedule E: /1 Rpt: 208/210
2	FILER NAME Austin Travis Co	ounty Emergency Medical Services Employ	/ee P/	AC	3 Filer ID 00053	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender ut-of-si	tate PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City; St	tate;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruct	ions)	1
14	Description of Coll	ateral		15 Check if personal fund	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; St	iate;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruct	ions)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/2 Rpt: 209/210	Austin Travis County Emergency Medical Services 00053202
4 Date	5 Payee name
10/07/2024	Affordable Childcare NOW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 301074
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Travis County Proposition A
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/11/2024	Ann Howard Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 5674
Ψ1,000.00	1 0 200 0014
Expenditure from	Aughin TV 70702
corporate funds	Austin, TX 78763
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution to Ann Howard reelection campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Douge name
09/27/2024	Payee name City of Austin
Amount (\$)	Payee address; City; State; Zip Code
\$33.60	15 Waller
Expenditure from	
corporate funds	Austin, TX 78702
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payroll deduction fee
	1 dyfoli deddelloff fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 210/210	Austin Travis County Emergency Medical Services 00053202
4 Date	5 Payee name
10/11/2024	City of Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.90	15 Waller
Expenditure from corporate funds	Austin, TX 78702
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Payroll deduction fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/25/2024	City of Austin
Amount (\$)	Payee address; City; State; Zip Code
\$33.80	15 Waller
400.00	<u> </u>
Expenditure from corporate funds	Austin, TX 78702
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Payroll deduction fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	