#### 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) 143 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 12/05/2024 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 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

**GO TO PAGE 2** 

www.ethics.state.tx.us

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer II	)	(Ethics Commission Filers)
Austin Travis County Em	ergency Medical Serv	rices Employee PA	AC .	00053		,
L4 COMMITTEE ACTIVITY	1. Candidates Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)					
5 CONTRIBUTION 1 TOTALS	I. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES ( NADE ELECTRONICA	ALLY)	\$	1	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		<b>NS</b> GUARANTEES OF LOANS)	\$	<b>;</b>	2,032.76
EXPENDITURE 3	3. TOTAL UNITEMIZED	D POLITICAL EXPEN	NDITURES	\$	1	0.00
4	4. TOTAL POLITICA	L EXPENDITURE	S	\$	}	1,018.80
CONTRIBUTION 5	5. TOTAL POLITICAL ( OF THE REPORTING		AINTAINED AS OF THE LAST	DAY \$	}	92,347.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		UTSTANDING LOANS AS OF D	THE \$	1	0.00
6 AFFIDAVIT				<b>_</b>		
		true a	ar, or affirm, under penalty of pend nd correct and includes all infor Title 15, Election Code.			
			Ms. Se	elena Xie		
			Signature of Ca		easurer	
AFFIX NOTARY S	TAMP / SEAL ABOVE					
			, t	this the		day
of,	20, to certify v	which, witness my ha	and and seal of office.			
Signature of officer adm	inistering oath	Printed name of office	cer administering oath	Title of	f officer	administering oath

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

			3 (	of 143
17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Fi	ilers)
Austin Tra	avis County Emergency Medical Services Employee PAC	00053202		
	E SUBTOTALS SCHEDULE		SUBTOTAL AMO	UNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	2,032.76
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 1	1,018.80
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 CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/138 Rpt: 4/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Adcock, Brandon  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)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Adcock, Brandon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Aguilar, Ricardo 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Aguilar, Ricardo 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	)		
	Date 11/08/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/138 Rpt: 5/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Albear, Oscar  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)	Employer (See Instructions     City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Allen, Janel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oos tale (eee mondolone)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Allen, Janel 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Almaguer, Luis  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Almaguer, Luis  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/138 Rpt: 6/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Almodovar, Alejandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Anderson, Scott Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Anderson, Scott  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Anthon, McKenna 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/138 Rpt: 7/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Anthon, McKenna  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Armas, 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			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Armas, David 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Armstrong, Charles  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Armstrong, Charles  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/138 Rpt: 8/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Arocha-Guerra, Val  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)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Arocha-Guerra, Val 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			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Aubin, Scott 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Aubin, Scott  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	)		
	Date 11/08/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/138 Rpt: 9/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Aune, Joseph  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Avila, America Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin	')		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Avila, America 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 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Azelton, Andrew  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Azelton, Andrew  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/138 Rpt: 10/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Azuara Mendez, Elvia  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.27
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Azuara Mendez, Elvia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 cos title (ecc metadotoris)	City of Austin			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Bailey, Charles 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Bailey, Charles  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Bailey, James  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/138 Rpt: 11/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Bailey, James  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Baker, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Familia var (Can Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Baker, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Amanda  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Amanda  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/138 Rpt: 12/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Baker, Coty  6 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Baker, Coty Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Baker, Travis 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Travis  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/138 Rpt: 13/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Barch-Chandler, Travis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Barch-Chandler, Travis 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Barnhart, Jennifer  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Barnhart, Jennifer  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / 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: 11/138 Rpt: 14/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor  out-of-state PAC (IE Barr, Jaelithe</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (IE Barr, Jaelithe 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	panon, cos uno (coe menastro)		City of Austin	-,		
	Date 11/08/2024	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 11/22/2024	Full name of contributor out-of-state PAC (IE 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 11/08/2024	Full name of contributor out-of-state PAC (IE 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)		
			•				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 12/138 Rpt: 15/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor  out-of-state P Bean, Rose</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-	)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Contributor address; City; State; Zip Code	-	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 11/22/2024	Full name of contributor out-of-state P Beaver, Camille  Contributor address; City; State; Zip Code	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 11/08/2024	Full name of contributor out-of-state P Bell, Jory Contributor address; City; State; Zip Code Austin, TX 78721	-	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state P Bell, Jory  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 13/138 Rpt: 16/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024		state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	ļ				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Bernal, Erica  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 11/08/2024	Full name of contributor out-of-Black, Jessica  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 11/22/2024	Black, Jessica	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 11/08/2024	Blais, Braden	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/138 Rpt: 17/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Blais, Braden  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Blume, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Blume, Michael 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, William Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, William Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/138 Rpt: 18/143		
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)	
4	Date 11/08/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$10.00	
		Austin, TX 78721					
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/22/2024 Braunstein, Spencer  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$10.00		
	Dringing ogg		Employer (See Instructions				
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Brazelton, Reese 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	)			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Brazelton, Reese  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	)			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Brindley, Jordan Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/138 Rpt: 19/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Brindley, Jordan  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Brown, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Brown, 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Brown, Johnathan  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Brunson, Savannah Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/138 Rpt: 20/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Brunson, Savannah  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Bumpus, Ross Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Bumpus, Ross Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Burgoyne, James  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Burgoyne, James 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	)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/138 Rpt: 21/143		
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)	
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Bynum, Gillian  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	)			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cabrera, Ryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00	
	Dringing Logg	Austin, TX 78721	Employer (Co.) Instructions				
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cabrera, Ryan 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	)			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Cain, Christopher  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin	)			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cain, Christopher 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	)			

	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: 19/138 Rpt: 22/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-si	tate 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	s)		
	Date 11/22/2024	Full name of contributor out-of-si Calderon, Audrey Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$0.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-si Cantonis, Carl Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Cantonis, Carl	tate PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 11/08/2024	Carter, Emma	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/138 Rpt: 23/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Carter, Emma  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)	Employer (See Instructions     City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cartmill, Andres Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cartmill, Andres 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cavarretta, James 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cavarretta, James 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	)		

	MONET	TARY POLITICAL CONTRIBUTION	)NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/138 Rpt: 24/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	1	Ĺ		
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	;) 		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cendejas, Jacqueline Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occi	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	=) 		
	Medic Medic	pation / Job title (See instructions)	City of Austin	<i>'</i> )		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Charboneau, Christian  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Chavez, Erin  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Chavez, Erin  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		

	MONET	ARY POLITICAL (	CONTRIBUTION	V	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 22/138 Rpt: 25/143	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul><li>5 Full name of contributor Cheeks, Shedrick</li><li>6 Contributor address; City; Stephen</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor Cheeks, Shedrick 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 11/08/2024	Full name of contributor Chhabra, Ranjit Contributor address; City; S			)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	s)		
	Date 11/22/2024	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)		
	Date 11/08/2024	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	(3)		Employer (See Instructions City of Austin	s)		
			•					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/138 Rpt: 26/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Clark, Rajiv Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Clark, Rajiv 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Clark, William  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Clark, William  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	)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 24/138 Rpt: 27/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor  out-of- Clarkson, Diana</li> <li>Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 11/08/2024	Cluskey, Francis  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 11/22/2024	Full name of contributor out-of- Cluskey, Francis  Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Cole, Jason	state PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Cole, Jason	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/138 Rpt: 28/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor		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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Coleman, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Daine in all account	Austin, TX 78721	Faralassa (Caralassa trastica)			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cooper, Matthew 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cooper, Matthew 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cornwall, Angela 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/138 Rpt: 29/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Cornwall, Angela  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Costantino, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Costantino, John 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Crock, Clairissa 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Crock, Clairissa 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/138 Rpt: 30/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Crouch, Jordan  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Crouch, Jordan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Deinainal agai	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Crouch, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Crouch, William 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cruz Zarate, Hector 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/138 Rpt: 31/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Cruz Zarate, Hector  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)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cullens, Malik Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Damron, William  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.27
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/138 Rpt: 32/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Damron, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.27
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Daine in all account	Austin, TX 78721	Faralassa (Caralassa trastica)			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/138 Rpt: 33/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ DeLong, Jonathan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Dean-Masse, Dustin 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Dean-Masse, Dustin 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/138 Rpt: 34/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#: Dionizio, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	,		
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Dionizio, James Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/138 Rpt: 35/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ 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)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Faralous (Cool la structions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/08/2024	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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/138 Rpt: 36/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Durham, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Deinsinal assu	Austin, TX 78721	Franks von (Cook both vot in no			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Edmonson, Savanna  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/138 Rpt: 37/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Eeten, John  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Eeten, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Efe Aluebhosele, Onome 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/138 Rpt: 38/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Elbel, Amber  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Elbel, Amber Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Elizardo, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Elizardo, Daniel  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Ellis, Rebecca  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/138 Rpt: 39/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Engstrom, Justin Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$1.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/138 Rpt: 40/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Ferguson, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Deignaignal annu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Ferguson, John 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 38/138 Rpt: 41/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa		3	Filer ID (Ethics Commission F 00053202	Filers)
4	Date 11/08/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Fernandez, Eric</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721		Ĺ		
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	s) 		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Fernandez, Eric  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occi	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	-,  _		
	Medic Medic	pation / Job title (See instructions)	City of Austin	') 		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Figueroa, Joshua  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	3)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Figueroa, Joshua  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	s)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Finch, Walter  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	<u> </u>		

	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: 39/138 Rpt: 42/143	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul><li>5 Full name of contributor</li><li>Finch, Walter</li><li>6 Contributor address; City; State;</li></ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor Fitzpatrick, Bryan  Contributor address; City; State;				Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	Medic	pation 7 305 title (See Instructions)		City of Austin	')		
	Date 11/22/2024	Full name of contributor Fitzpatrick, Bryan Contributor address; City; State;	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 11/08/2024	Full name of contributor Flanagan, Rilie  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor Flanagan, Rilie Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/138 Rpt: 43/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_Flores, Raul 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)	Employer (See Instructions     City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Flores, Raul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Daine in all account	Austin, TX 78721	Fundament (Construction			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Flores, Robert 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Flores, Robert  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	)		
	Date 11/08/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 41/138 Rpt: 44/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor  out-of-state PAC (I Fuentes, Timothy Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	pation / cos tille (coe institucione)		City of Austin	,,		
	Date 11/22/2024	Full name of contributor	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 11/08/2024	Full name of contributor out-of-state PAC (I Gallio, Riane Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>                                      </u>		
	Date 11/22/2024	Full name of contributor out-of-state PAC (I 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)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/138 Rpt: 45/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_Garcia, Bianca 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	i)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Garcia, Bianca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Gardner, Dale 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	i)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Garrett, Christina 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	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/138 Rpt: 46/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Garrett, Christina  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Gastelum, Aaron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Deinainal assu	Austin, TX 78721	Familia var (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Gastelum, Aaron Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	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	)		
	Date 11/22/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/138 Rpt: 47/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Gowe, Kathleen 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Gowe, Kathleen  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Gregson, Jordan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	lete this forr	m.	1	Total pages Schedule A1: Sch: 45/138 Rpt: 48/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor  out-of-star</li> <li>Gregson, Jordan</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	·				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 11/08/2024	Griffin, Bradley		)	•	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 11/22/2024	Full name of contributor out-of-sta Griffin, Bradley 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 11/08/2024	Griffith, Kimberly			-	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-sta Griffith, Kimberly Contributor address; City; State; Zip Code Austin, TX 78721	e			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	<b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/138 Rpt: 49/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Grijalva, Corey  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)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Grijalva, Corey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Groenloh, Jodie 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Hadas, Brian 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Hadas, Brian 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	)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 47/138 Rpt: 50/143	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul><li>5 Full name of contributor Hadden, Justin</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	s)		
	Date 11/22/2024	Full name of contributor Hadden, Justin Contributor address; City; St		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	)	Employer (See Instructions	  -  s)		
	Medic			City of Austin			
	Date 11/08/2024	Full name of contributor Haggarty, Timothy 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 11/22/2024	Full name of contributor Haggarty, Timothy Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#: ate; Zip Code	)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 11/08/2024	Full name of contributor Hair, Nathan Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instructions City of Austin	5)		
			·				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 48/138 Rpt: 51/143	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul><li>5 Full name of contributor [Hair, Nathan</li><li>6 Contributor address; City; Star</li></ul>	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 11/08/2024	Full name of contributor [ Hairston, Christopher Contributor address; City; Star		)		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 11/22/2024	Full name of contributor [ Hairston, Christopher Contributor address; City; Sta	out-of-state PAC (ID#:te; 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 11/08/2024	Full name of contributor  Hanes, Rodney  Contributor address; City; Star  Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor  Hanes, Rodney  Contributor address; City; Star  Austin, TX 78721	out-of-state PAC (ID#:te; 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 C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 49/138 Rpt: 52/143	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor [ Hanks, Kaden	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 11/22/2024	Full name of contributor  Hanks, Kaden  Contributor address; City; Sta				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 11/08/2024	Full name of contributor Hargrave, Jeffrey 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 11/22/2024	Full name of contributor Hargrave, Jeffrey Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 11/08/2024	Full name of contributor Harner, Kevin Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/138 Rpt: 53/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Harner, Kevin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Hellein, Jacob  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Hellein, Jacob 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	<b>)</b>	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 51/138 Rpt: 54/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Hernandez, Hugo  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Hugo Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Γ	Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra  Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline Contributor address; City; State; Zip Code  Austin, TX 78721		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/138 Rpt: 55/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Hicks, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Hicks, Matthew 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Hilaire, Cedrick  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Hilaire, Cedrick 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	)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 53/138 Rpt: 56/143	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul><li>5 Full name of contributor  o Hindman, Justin</li><li>6 Contributor address; City; State; Z</li></ul>			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 11/22/2024	Hindman, Justin  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 11/08/2024	Full name of contributor	ut-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 11/22/2024	Full name of contributor on the distributor of contributor on the distributor of contributor address; City; State; Zon Austin, TX 78721	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor on the Holland, Travis  Contributor address; City; State; Zon Austin, TX 78721	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	<b>■ A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/138 Rpt: 57/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Holland, Travis</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Howell, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Howell, Joseph 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Huitt, Andrew 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Huitt, Andrew 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	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 55/138 Rpt: 58/143	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	Full name of contributor     Jackson, Bryan     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 11/22/2024	Full name of contributor Jackson, Bryan 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	<u> </u>		
	Medic	paner, cos une (cos menerole)		City of Austin	,		
	Date 11/08/2024	Full name of contributor  Jacobsen, Patrick  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor Jacobsen, Patrick  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 11/08/2024	Full name of contributor  Jakubauskas, Eric  Contributor address; City; Sta  Austin, TX 78721	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 56/138 Rpt: 59/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	Jakubauskas, Eric	f-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	5)		
	Date 11/08/2024	Full name of contributor out-o James, Jonathan Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic	,		City of Austin	,		
	Date 11/22/2024	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 11/08/2024	Jensen, David	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> 5)		
	Date 11/22/2024	Full name of contributor out-o Jensen, David Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/138 Rpt: 60/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Jimenez, Noah  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Jimenez, Noah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/08/2024	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	)		
	Date 11/22/2024	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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Jinadasa, Sampath 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	)		

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 58/138 Rpt: 61/143	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 11/08/2024	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	5)		
	Date 11/22/2024	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	5)		
	Date 11/08/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/138 Rpt: 62/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Kalinowski, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.40
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Kalinowski, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.40
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Kaminowitz, Robert  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Kaminowitz, Robert  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/138 Rpt: 63/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Kane, Mikel  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)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Kane, Mikel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Keef, 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	)		
	Date 11/22/2024	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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Kendall, Jacob  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	)		

	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: 61/138 Rpt: 64/143	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul><li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor Kimble, Alena Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Medic	,		City of Austin	,		
	Date 11/08/2024	Full name of contributor Kingsbury, Dillon 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 11/22/2024	Full name of contributor Kingsbury, Dillon Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor Kirmanidis, Andre Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 62/138 Rpt: 65/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Knauer, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Knauer, Andrew 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Knight, Aaron 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Knight, Aaron 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/138 Rpt: 66/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Koch, James  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Koch, James  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			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Koller, Joel Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Koller, Joel  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Koller, Steven  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 64/138 Rpt: 67/143	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024		out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor  Kownacki, Benjamin  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Medic	,		City of Austin	,		
	Date 11/22/2024	Full name of contributor   Kownacki, Benjamin  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 11/08/2024	Full name of contributor  Kraemer, Ashley  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor  Kraemer, Ashley  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 65/138 Rpt: 68/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Krampitz, Casey  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Krampitz, Casey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Kraus, Stephen 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Kraus, Stephen  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Krycia, Noah Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 66/138 Rpt: 69/143	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul><li>5 Full name of contributor Krycia, Noah</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor Kurtze, Benedict Contributor address; City; St		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	)	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 11/22/2024	Full name of contributor Kurtze, Benedict 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 11/08/2024	Full name of contributor  Lamoureux, Nicholas  Contributor address; City; St.  Austin, TX 78721	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	)	Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 11/22/2024	Full name of contributor Lamoureux, Nicholas Contributor address; City; St	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	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 67/138 Rpt: 70/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_Lancaster, Eric 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Lancaster, Eric Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.50
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ LeFan, Rebecca 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_LeFan, Rebecca  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Leibin, 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/138 Rpt: 71/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Leibin, Michael  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Lesley, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Lesley, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Lester, Christopher  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Lester, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	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: 69/138 Rpt: 72/143	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	Leyva, Andrew	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 11/22/2024	Leyva, Andrew  Contributor address; City; State; Zip		)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 11/08/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Lidster, Matthew	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 11/08/2024	Lindsay, Ross	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	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/138 Rpt: 73/143			
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)		
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_Lindsay, Ross 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	i)				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Lines, Bradley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50		
	Dringing occu	Austin, TX 78721	Employer (See Instructions					
	Medic	ipation / Job title (See Instructions)	City of Austin	')				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Lines, Bradley Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$4.50		
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)				
	Date 11/08/2024	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	()				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Lopez, Cindy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 71/138 Rpt: 74/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	iployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 11/22/2024	Lopez, Lindsay		)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin	•		
	Date 11/08/2024	Lopez, Ramon		)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Lopez, Ramon  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 11/08/2024	Lozano Avila, Victor				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 72/138 Rpt: 75/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Lydon, Cassandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Lydon, Cassandra Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Malgieri, Anthony  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Malgieri, Anthony  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 73/138 Rpt: 76/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_Mallon, Paul  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)	Employer (See Instructions     City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Mallon, Paul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Malone, Jordan 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Malone, Jordan  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Mancia Covarrubias, Adonay  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	)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 74/138 Rpt: 77/143			
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)		
4	Date 11/22/2024	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	)				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ 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					
	Medic	pation / 300 title (3ee instructions)	City of Austin	,				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Mancias, Vivian 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	)				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_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	)				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 75/138 Rpt: 78/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_Martin, Emily 6 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Emily Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	paner, cos ano (cos menastro)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Noah 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Noah Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Martinez, Henry  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 76/138 Rpt: 79/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Martinez, Henry  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Mason, Bryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	, ,	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Mason, Bryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Maxwell, Aaron Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Maxwell, Aaron Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 77/138 Rpt: 80/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_May, Meghan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.27
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions</li><li>City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ May, Meghan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.27
	Dringinal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ McClelland, Sterling 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_McClelland, Sterling  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_McDaniel, Michael  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 78/138 Rpt: 81/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ McDaniel, Michael  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ McGarry, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	<u> </u>	Austin, TX 78721				
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ McGarry, Kenneth 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 11/08/2024	Full name of contributor out-of-state PAC (ID#:_McIntire, Morgan  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 11/22/2024	Full name of contributor out-of-state PAC (ID#:_McIntire, Morgan  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 79/138 Rpt: 82/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ McLaughlin, Kathleen  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Kathleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ McNiff, Katie 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ McNiff, Katie 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 80/138 Rpt: 83/143			
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)		
4	Date 11/22/2024		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 11/08/2024	Full name of contributor Medina, Jonathan  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 11/22/2024	Full name of contributor Medina, Jonathan  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00		
		Austin, TX 78721							
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)				
	Date 11/08/2024	Full name of contributor  Megally, Maureen  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00		
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)				
	Date 11/22/2024	Full name of contributor  Megally, Maureen  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00		
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)				
			<u>'</u>						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 81/138 Rpt: 84/143	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor Mendez, Corey	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	1				
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor  Mendez, Corey  Contributor address; City; State;		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Medic	,		City of Austin	,		
	Date 11/08/2024	Full name of contributor  Mestaz, Thomas  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 Full name of contributor out-of-state PAC (ID 11/22/2024 Mestaz, Thomas		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	)		
	Date 11/08/2024	Full name of contributor  Meyer, Brett  Contributor address; City; State;  Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 82/138 Rpt: 85/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Meyer, Brett  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)	<ul><li>9 Employer (See Instructions</li><li>City of Austin</li></ul>	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Miller, Matthew 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 Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Miller, Matthew 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Mireles, Guadalupe  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Mireles, Guadalupe  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	)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 83/138 Rpt: 86/143	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor  on Molina, Israel</li> <li>Contributor address; City; State; Z</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor of Molinelli, Nicholas  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 11/22/2024	Full name of contributor on the contributor of the 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	i)		
	Date 11/08/2024	Full name of contributor on Monson, Nancy  Contributor address; City; State; Z  Austin, TX 78721	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor on Monson, Nancy Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 84/138 Rpt: 87/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Montes, Angelica  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#: Moore, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dein sin al a ser	Austin, TX 78721	Faralassa (Caralassa trastica)			
	Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Moore, Alexander Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Moore, Garrett  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Moore, Garrett Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	TARY POLITICAL CONTRIBUTION	)NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 85/138 Rpt: 88/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission F 00053202	-ilers)
4	Date 11/08/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Morris, Kyle</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721		L		
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	;)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Morris, Kyle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Medic Medic	pation / Job title (See instructions)	City of Austin	·)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Morrison, Timothy  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;) 		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Morrison, Timothy  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Morton, Rebecca Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 86/138 Rpt: 89/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Morton, Rebecca  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Muniz, Brian  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Muniz, Brian 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Murphy, Michelle 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Murphy, Michelle 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	)		

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 87/138 Rpt: 90/143			
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)		
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00		
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Murry, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00		
	Deignaignal annu	Austin, TX 78721	Fandayar (Coo Instructions					
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Nalty, Michael 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	)				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Nance, Megan 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	)				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Nance, Megan 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	)				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 88/138 Rpt: 91/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services I	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024		state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	į				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Negron, Luis  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 11/08/2024	Full name of contributor	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Nelson, William	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 11/08/2024	Full name of contributor out-of-s Nguyen, Christopher 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)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 89/138 Rpt: 92/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Niemann, Bradley  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Noak, Darren 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	)		
	Date 11/22/2024	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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Noble, Keith 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	)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 90/138 Rpt: 93/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor  out-of-sta</li> <li>Noble, Keith</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721	·				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Noftle, Rachel  Contributor address; City; State; Zip Cod		)		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 11/22/2024	Full name of contributor out-of-sta  Noftle, Rachel  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 11/08/2024	Olivarez, Dominique		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 		
	Date 11/22/2024	Full name of contributor out-of-state Olivarez, Dominique Contributor address; City; State; Zip Code Austin, TX 78721	ate 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	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 91/138 Rpt: 94/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Olivo, Nicholas  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Olivo, Nicholas  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Orr, John 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Orr, John 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 92/138 Rpt: 95/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor  out-of-state  out-of-state</li> <li>Orr, Valeria</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Pailes, Kenneth		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	, , , , , , , , , , , , , , , , , , , ,		City of Austin	-,		
	Date 11/22/2024	Full name of contributor out-of-state Pailes, Kenneth  Contributor address; City; State; Zip Code	e PAC (ID#:		•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Palmer, Jacob		)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>1</u> S)		
	Date 11/22/2024	Full name of contributor out-of-state Palmer, Jacob  Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 93/138 Rpt: 96/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Patterson, Roger  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Patterson, Roger Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Pearson, Kayla 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Penner, Andre  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 94/138 Rpt: 97/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Perry, Sean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Frankrian (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Phillips, Heather Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Phillips, Heather  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	)		
	Date 11/08/2024	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	)		

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 95/138 Rpt: 98/143			
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)		
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Phillips, Kyle  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00		
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Pizzonia, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00		
		Austin, TX 78721						
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Pizzonia, Alexander Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00		
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Plewacki, Thomas  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	)				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Plewacki, Thomas  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	)				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 96/138 Rpt: 99/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Poss, Lauren  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)	Employer (See Instructions     City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Poss, Lauren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Coo Instructions	<u></u>		
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Powell-Evans, Simon 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 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Powell-Evans, Simon  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 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Powers, Kristy  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 CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 97/138 Rpt: 100/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 11/08/2024	Full name of contributor out-of-state PAC ( Price, Amber  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 11/22/2024	Full name of contributor out-of-state PAC ( Price, Amber  Contributor address; City; State; Zip Code	(ID#:	)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAC ( 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)		
	Date 11/22/2024	Full name of contributor out-of-state PAC ( 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 CONTRIB	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 98/138 Rpt: 101/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor  out-of-state F Puckett, James</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$2.30
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 11/22/2024	Full name of contributor out-of-state F Puckett, James  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	pation 7 300 title (See Instituctions)		City of Austin	"		
	Date 11/08/2024	Full name of contributor out-of-state F Pursley, Shaun Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state F Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721		)	•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 11/08/2024	Full name of contributor out-of-state F Quiroz Mendez, Jesus 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 CONT	TRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 99/138 Rpt: 102/143	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	Quiroz Mendez, Jesus	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 11/08/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$13.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions			
	Medic	pation 7 300 title (See matractions)		City of Austin	')		
	Date 11/22/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$13.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Ramos, Duane	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 11/22/2024	Full name of contributor out-on the contributor address; City; State; Zip on the contributor address; City; City; State; Zip on the contributor address; City; Cit	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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 100/138 Rpt: 103/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Rasmussen, Nathan  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Nathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.50
	Deignaignal annu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Rasmussen, Rebecca 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Rebecca 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Rattan, MaKena 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 101/138 Rpt: 104/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Rattan, MaKena  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rawn, Madison Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rawn, Madison 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Reader, Robert 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Reader, Robert 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 102/138 Rpt: 105/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Redd, Kevin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions</li><li>City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Redd, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (See instructions)	City of Austin			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 103/138 Rpt: 106/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#:_Reilly, Susanna 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Remus, Hannah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Remus, Hannah 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher  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	)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	1 Total pages Schedule A1: Sch: 104/138 Rpt: 107/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	Rice, Larry	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
_	5	Austin, TX 78721	- Ia		<u></u>		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor	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 11/08/2024	Full name of contributor out-o Richter, Lauren Contributor address; City; State; Zip 0	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 11/22/2024	Richter, Lauren	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 11/08/2024	Full name of contributor out-on the Risinger, Russell Contributor address; City; State; Zip of Austin, TX 78721	of-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 CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 105/138 Rpt: 108/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rivera, Nathaniel Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Daine in all account	Austin, TX 78721	Farely (Contracting)			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rivera, Nathaniel 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Robbins, 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Robbins, 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 106/138 Rpt: 109/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rodgers, Jared 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rodgers, Jared Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Andrew  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 107/138 Rpt: 110/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Giovanni  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pation 7 sob title (see instructions)	City of Austin			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Giovanni 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Roe, Lillian 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Roe, Lillian Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 108/138 Rpt: 111/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rogers, Darren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / Job title (See Instructions)	City of Austin	')		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rogers, Wesley 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	i)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rogers, Wesley Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Romo, Jodeci Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 109/138 Rpt: 112/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Romo, Jodeci  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rose, Donald Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 11/22/2024	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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rutledge, Lindsey 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Rutledge, Lindsey 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 110/138 Rpt: 113/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Salmeron, Alejandro Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	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	)		
	Date 11/22/2024	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	)		
	Date 11/08/2024	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	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 111/138 Rpt: 114/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission   00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Santiago, Sabrina  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Scamman, Alexis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Scamman, Alexis 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Schickel, Matthew  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Schickel, Matthew  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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 112/138 Rpt: 115/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Schulz, Douglas  6 Contributor address; City; State; Zip Code		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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Schulz, Douglas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
		Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Schutt, Kyle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Schutt, Kyle  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Scott, Austin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 113/138 Rpt: 116/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>			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 11/08/2024	Full name of contributor		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 11/22/2024	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 11/08/2024	Full name of contributor out-of-state PAC (ID#: Shelton-Collins, Marcus  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Shelton-Collins, Marcus  Contributor address; City; State; Zip Code  Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL (	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 114/138 Rpt: 117/143	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul><li>5 Full name of contributor Sircher, Christopher</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 11/22/2024	Full name of contributor Sircher, Christopher Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	9		Employer (See Instructions	?) 		
	Medic	pation / oob title (occ motractions			City of Austin	,,		
	Date 11/08/2024	Full name of contributor Sklar, Estelle 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 11/22/2024	Full name of contributor Sklar, Estelle 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)		
	Date 11/08/2024	Full name of contributor Slattery, Christian Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	(3)		Employer (See Instructions City of Austin	s)		
			-					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 115/138 Rpt: 118/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Sletten, Spencer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	<i>)</i>		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Sletten, Spencer 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Anthony  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Anthony  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	)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 116/138 Rpt: 119/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 11/08/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Smith, Ashlyn</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
L		Austin, TX 78721	1			
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Ashlyn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Medic		City of Austin			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Joshua  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Joshua  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Soto, Karina  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 117/138 Rpt: 120/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Stec, Ryan  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)	Employer (See Instructions     City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Stec, Ryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deireire I e e e	Austin, TX 78721	Frankrian (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Stedman, Christina 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Stedman, Christina 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Stephens, 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 118/138 Rpt: 121/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Stephens, Eric  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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Stevens, Mitchell Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deireire I e e e	Austin, TX 78721	Familia var (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Stevens, Mitchell 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 119/138 Rpt: 122/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Stubbs, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Swanner, Emily 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Swanner, Emily 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 120/138 Rpt: 123/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721	lo.	Franksian (Cookastustians			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	<u></u>		
	Date 11/08/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	•		City of Austin			
	Date 11/22/2024	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 11/08/2024	Full name of contributor out-of-state PA Tarrillion, Matthew 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 11/22/2024	Full name of contributor out-of-state PA Tarrillion, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:	)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 121/138 Rpt: 124/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Tekamp, Austin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas, Jonathan 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas, 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas, Patrick 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 122/138 Rpt: 125/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Thomas, Patrick</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Garner  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringinal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 Job title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Garner  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 123/138 Rpt: 126/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	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	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Thornton, Sarah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 oob title (occ instructions)	City of Austin			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Todd, Joshua Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Toole, Garrett  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	)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 124/138 Rpt: 127/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID# Toole, Garrett  6 Contributor address; City; State; Zip Code			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 11/08/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID# Toole, Kaytlyn Contributor address; City; State; Zip Code	t:	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID# 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 11/22/2024	Full name of contributor out-of-state PAC (ID# 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	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 125/138 Rpt: 128/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pation 7 sob title (see instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Tran, Si 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Tran, Si 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Traxel, Joshua Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 126/138 Rpt: 129/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Traxel, Joshua  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	District	Austin, TX 78721	Faralassa (Caralasta structura)			
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark 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 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Van Treese, Taylor 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Van Treese, Taylor  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	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 127/138 Rpt: 130/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ VanZandt, Donovan  6 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ VanZandt, Donovan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Vargas, Eric 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Veasna, Renayuddh  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 128/138 Rpt: 131/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Veasna, Renayuddh  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Vega, Aldo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Villalobos, Ana 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Villalobos, Ana 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 129/138 Rpt: 132/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Voelker, Jaime  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Wadham, Gary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See instructions)	City of Austin	')		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wadham, Gary 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	i)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher 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	()		

MONETARY POLITICAL CONTRIBUTIONS				<b>A1</b>		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 130/138 Rpt: 133/143		
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Way, Alexander  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Way, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 300 title (See instructions)	City of Austin	,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 131/138 Rpt: 134/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Weil, Skyler</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Weldon, Tyler Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Weldon, Tyler 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

MONETARY POLITICAL CONTRIBUTIONS				A1		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 132/138 Rpt: 135/143		
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Wesen, Hunter  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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wesen, Hunter Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Westby, Andrew 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Westby, Andrew 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ 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	)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 133/138 Rpt: 136/143			
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)	
4	Date 11/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Wetzel, Samuel  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)	Employer (See Instructions     City of Austin	)			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ White, Anna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00	
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Medic	pation / 300 title (See Instructions)	City of Austin	,			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ White, Anna 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	)			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ White, Stephen Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00	
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ White, Stephen Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00	
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)			

MONETARY POLITICAL CONTRIBUTIONS				<b>A1</b>		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 134/138 Rpt: 137/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/08/2024			7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wiggin, Stuart Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, David 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	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, David 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	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Dennis 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	)		

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 135/138 Rpt: 138/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$5.00
_	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 11/08/2024	Full name of contributor  out-of-state PAC (I Winters, John Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 11/22/2024	Full name of contributor  out-of-state PAC (I Winters, John 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 11/08/2024	Full name of contributor out-of-state PAC (I 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 11/22/2024	Full name of contributor out-of-state PAC (I 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)		
			•				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE			
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 136/138 Rpt: 139/143			
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)	
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Wright, Courtney  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	)			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Courtney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00	
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions				
	Medic	pation 7 sob title (see instructions)	City of Austin				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Wyche, Tyson 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	)			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wyche, Tyson 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	)			
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_Xie, Selena  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)			

MONETARY POLITICAL CONTRIBUTIONS				A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 137/138 Rpt: 140/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 11/22/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Xie, Selena</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Yankiver, Lizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Deignaignal annu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Yankiver, Lizabeth 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	)		
	Date 11/08/2024	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)	Employer (See Instructions City of Austin	)		
	Date 11/22/2024	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)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 138/138 Rpt: 141/143	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC .	3	Filer ID (Ethics Commission F 00053202	ilers)
4	Date 11/08/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Yasui, Benjamin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin		Amount of Contribution (\$)	
	11/22/2024	deOliveira, Courtney  Contributor address; City; State; Zip Code  Austin, TX 78721				\$3.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 142/143	Austin Travis County Emergency Medical Services 00053202
4 Date	5 Payee name
11/08/2024	City of Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.50	15 Waller
·	
Expenditure from corporate funds	Austin, TX 78702
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll deduction fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/22/2024	City of Austin
Amount (\$)	Payee address; City; State; Zip Code
\$35.30	15 waller
Ψ55.50	15 Wallet
Expenditure from	A
corporate funds	Austin, TX 78702
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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/OI	
Date	Davis same
11/04/2024	Payee name Lloyd Dogget Campaign
	7 55 1. 5
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	300 E. 8th St
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuuton
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

## 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

Travel in District Travel Out of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 143/143 Austin Travis County Emergency Medical Services 00053202 4 Date Payee name 11/15/2024 Mike Siegel Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$450.00 PO Box 9123 Expenditure from Austin, TX 78766 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH