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) 146 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 02/04/2025 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 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2024 01/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

ACTIVITY (Attach lats on plain paper to compete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 15. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY.) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ (CONTRIBUTION GOTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,086 EXPENDITURE CONTRIBUTION 5. TOTAL POLITICAL EXPENDITURES \$ (CONTRIBUTION GOTHER THAN PLEDGES, LOANS) CONTRIBUTION 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING CONTSTANDING LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	COMMITTEE NAME			13 Filer	ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain pager to complete this report if necessary.) 2. Measures 2. Measures (Describe by date and location of decision and nature of issue) B. Opposed 3. Officeholders Assisted (derity by name or, if decision and nature of issue) B. Opposed 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 6. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD S. CONTRIBUTION SALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is	Austin Travis County Em	Emergency Medical	ervices Employee PAC	0005	53202	
2. Measures (Describe by date and location of election and nature of issue) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 15. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES CONTRIBUTION GOTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,086 EXPENDITURE TOTALS 5. TOTAL POLITICAL EXPENDITURES \$ (CONTRIBUTION BALANCE CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 16 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is	ACTIVITY	(Identify by name or, if	vanosa rusinos sily sour	ncil		
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LOAN TOTALS LAST DAY OF THE REPORTING PERIOD S O 16 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is				ST DAY	\$	94,975.
I swear, or affirm, under penalty of perjury, that the accompanying report is				FTHE	\$	0.0
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me						
under Title 15, Election Code.			true and correct and includes all in	perjury, tha formation re	at the acc equired to	companying report is to be reported by me
Ms. Selena Xie			Ms	Selena Xia	e	
Signature of Campaign Treasurer						r
AFFIX NOTARY STAMP / SEAL ABOVE	AFFIX NOTARY S	RY STAMP / SEAL AB	/E			
Sworn to and subscribed before me, by the said, this the day	Sworn to and subscribed t	ped before me, by the s	1	_, this the		day
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of officer adm	administering oath	Printed name of officer administering oath	Title	of officer	administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

				3 of 146
		EE NAME Ivis County Emergency Medical Services Employee PAC	18 Filer ID 00053202	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,086.03
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		\$		
4.		\$		
5.		\$		
6.		\$		
7.		\$		
8.		\$		
9.	X	\$ 0.00		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 520.50
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	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 C	CONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/141 Rpt: 4/146	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Abernathy, Kayla6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Abernathy, Kayla 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 01/03/2025	Full name of contributor Adcock, Brandon Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Adcock, Brandon Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> 		
	Date 01/03/2025	Full name of contributor Aguilar, Ricardo Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/141 Rpt: 5/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	Full name of contributor		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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_Albear, Oscar 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Albear, Oscar Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_Allen, Janel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Allen, Janel Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/141 Rpt: 6/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Almaguer, Luis 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)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Almaguer, Luis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / sob title (see instructions)	City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Almodovar, Alejandra 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Almodovar, Alejandra 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 01/03/2025	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)		

	MONET	ARY POLITICAL C	CONTRIBUTION	N S	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm		1	Total pages Schedule A1: Sch: 4/141 Rpt: 7/146	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	2		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor Anderson, Scott6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Full name of contributor Anthon, McKenna Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Medic	pation 7 305 title (See Instructions			City of Austin	')		
	Date 01/17/2025	Full name of contributor Anthon, McKenna Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Armas, David Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Armas, David Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/141 Rpt: 8/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Armstrong, Charles 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Armstrong, Charles 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 7 oob title (oce monucions)	City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Arocha-Guerra, Val 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Arocha-Guerra, Val 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 01/03/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/141 Rpt: 9/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Aubin, Scott 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Aune, Joseph 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	parent for the (eee menders)	City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Aune, 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_Avila, America Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Avila, America Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/141 Rpt: 10/146	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Full name of contributor Azelton, Andrew Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.50
_	Deignigal	Austin, TX 78721	I ₀	Franksian (Cookastusations			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Azelton, Andrew Contributor address; City; Sta)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor Azuara Mendez, Elvia Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.27
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Azuara Mendez, Elvia Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$3.27
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/03/2025	Full name of contributor Bailey, Charles Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/141 Rpt: 11/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (ID#:_Bailey, Charles 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Bailey, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 oob title (occ mondetions)	City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Bailey, James 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Alexander 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Alexander 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: 9/141 Rpt: 12/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Baker, Amanda 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, Amanda 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 cos title (ecc metadotoris)	City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, Coty 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Coty Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/141 Rpt: 13/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Baker, Travis 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	i)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Balboa, Adam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing aggr	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Balboa, Adam 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	i)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Barch-Chandler, Travis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Barch-Chandler, Travis Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 11/141 Rpt: 14/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Barnhart, Jennifer Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Barr, Jaelithe 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	s)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Barr, Jaelithe Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Bauhs, Isabel Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	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: 12/141 Rpt: 15/146	
2	FILER NAME Austin Travis	County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (I Bauhs, Isabel Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (I Bean, Rose Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	pation / cos title (coe motituetons)		City of Austin	•,		
	Date 01/17/2025	Full name of contributor	ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (I Beaver, Camille Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (I Beaver, Camille Contributor address; City; State; Zip Code Austin, TX 78721	ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 13/141 Rpt: 16/146	
2	FILER NAME Austin Travis	County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu _l Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	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 01/03/2025	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC Bernal, Erica Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC Black, Jessica Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 14/141 Rpt: 17/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#: Black, Jessica 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_	Daine in a language	Austin, TX 78721	10	Faralassa (Ossalastasstissa			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/17/2025	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 01/03/2025	Full name of contributor out-of-state PAC (ID#: Blume, Michael Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Blume, Michael Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	€ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/141 Rpt: 18/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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	i)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, William 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	pation 7 oob tillo (eee molidolono)	City of Austin	,		
	Date 01/03/2025	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Braunstein, Spencer Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 16/141 Rpt: 19/146	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor ou Brazelton, Reese Contributor address; City; State; Zi 			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 01/03/2025	Full name of contributor ou Brindley, Jordan Contributor address; City; State; Zi				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	رد 		
	Medic	pation / oob title (oce manualions)		City of Austin	,,		
	Date 01/17/2025	Full name of contributor ou Brindley, Jordan Contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor ou Brown, Christopher Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor ou Brown, Christopher Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 17/141 Rpt: 20/146	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	<u> </u>				
8	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/17/2025	Brown, Johnathan Contributor address; City; State; 2	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medic			City of Austin	•		
	Date 01/03/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/17/2025	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)		
	Date 01/03/2025	Full name of contributor Bumpus, Ross Contributor address; City; State; 2 Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this form	m.	1	Total pages Schedule A1: Sch: 18/141 Rpt: 21/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 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	5)		
	Date 01/03/2025	Burgoyne, James 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> s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of-st Burgoyne, James 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 01/03/2025	Bynum, Gillian)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 01/17/2025	Bynum, Gillian	tate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 19/141 Rpt: 22/146	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Cabrera, Ryan6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	1				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Cabrera, Ryan Contributor address; City; Stat)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/03/2025	Full name of contributor Cain, Christopher Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Cain, Christopher Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Calderon, Audrey Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$0.27
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 20/141 Rpt: 23/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state is Calderon, Audrey Contributor address; City; State; Zip Code 			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 01/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state for Cantonis, Carl Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state I Carter, Emma Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/17/2025	Full name of contributor out-of-state for Carter, Emma Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 21/141 Rpt: 24/146	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Full name of contributor Cartmill, Andres Contributor address; City; State;			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Cartmill, Andres Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 01/03/2025	Full name of contributor Cavarretta, James Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Cavarretta, James Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/03/2025	Full name of contributor Cendejas, Jacqueline Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/141 Rpt: 25/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Charboneau, Christian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 01/17/2025	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	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	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	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	complete this form	n.	1	Total pages Schedule A1: Sch: 23/141 Rpt: 26/146	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	rices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	1.				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor	out-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 01/03/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/17/2025	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	<u>(</u>		
	Date 01/03/2025	Full name of contributor Ciminera, Joseph Contributor address; City; State; 2	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<u>, </u>				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 24/141 Rpt: 27/146	
2	FILER NAME Austin Travis	County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PA Ciminera, Joseph Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PA 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	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC 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	5)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/141 Rpt: 28/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Clarkson, Diana 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Cole, Jason 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: 26/141 Rpt: 29/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Cole, Jason 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Coleman, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 01/17/2025	Full name of contributor)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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 01/17/2025	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)		

	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: 27/141 Rpt: 30/146	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Cornwall, Angela	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 01/17/2025	Full name of contributor Cornwall, Angela Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	panon / 000 and (000 monacho)		City of Austin	,		
	Date 01/03/2025	Full name of contributor Costantino, John Contributor address; City; State;	out-of-state PAC (ID#: 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 01/17/2025	Full name of contributor Costantino, John Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/03/2025	Full name of contributor Crock, Clairissa 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 CON	ITRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 28/141 Rpt: 31/146	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor ou Crock, Clairissa Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	,				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor ou Crouch, Jordan Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	paner, cos une (coe menuene)		City of Austin	,		
	Date 01/17/2025	Full name of contributor ou Crouch, Jordan Contributor address; City; State; Zi	t-of-state PAC (ID#: p 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 01/03/2025	Full name of contributor ou Crouch, William Contributor address; City; State; Zi Austin, TX 78721	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor ou Crouch, William Contributor address; City; State; Zi Austin, TX 78721	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	NO.	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 29/141 Rpt: 32/146	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PA	١C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributorCruz Zarate, Hector6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instruction	5)	9	Employer (See Instructions City of Austin	s)		
	Date 01/17/2025	Full name of contributor Cruz Zarate, Hector Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	-) I		Employer (See Instructions	<u>''</u>		
	Medic	pation / Job title (See Instruction	o) 		City of Austin	s)		
	Date 01/03/2025	Full name of contributor Cullens, Malik Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction	s)		Employer (See Instructions City of Austin	s)		
	Date 01/17/2025	Full name of contributor Cullens, Malik Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instruction	s)		Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Full name of contributor Cummings, Daniel Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instruction	5)		Employer (See Instructions City of Austin	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/141 Rpt: 33/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Damron, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Damron, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.27
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth 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 form	n.	1	Total pages Schedule A1: Sch: 31/141 Rpt: 34/146	
2	FILER NAME Austin Travis	s County Emergency Medical Sei	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Full name of contributor Davis, Richard Contributor address; City; State)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Davis, Richard 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 01/03/2025	Full name of contributor DeLong, Jonathan Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor DeLong, Jonathan Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/03/2025	Full name of contributor Dean-Masse, Dustin Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
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	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/141 Rpt: 35/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Dionizio, James 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Dionizio, James 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				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/141 Rpt: 36/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Donohoe, John 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)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Draper, 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 34/141 Rpt: 37/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			_		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID# Durham, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/17/2025	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 01/03/2025	Full name of contributor out-of-state PAC (ID# Echevarria, Edgardo Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID# Echevarria, Edgardo Contributor address; City; State; Zip Code Austin, TX 78721	:			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/141 Rpt: 38/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Eeten, 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Eeten, John 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Efe Aluebhosele, Onome 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: 36/141 Rpt: 39/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Efe Aluebhosele, Onome 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo 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 7 oob title (oce monucions)	City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_Elbel, Amber 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Elbel, Amber 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: 37/141 Rpt: 40/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Elizardo, Daniel 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Elizardo, Daniel 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		City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Ellis, 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 01/17/2025	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)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 38/141 Rpt: 41/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$4.00
_	Deignaignal	Austin, TX 78721	١,	Frankrian (Cookarin ations			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor				Amount of Contribution (\$)	\$3.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	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	<u>. </u>		
	Date 01/17/2025	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	5)		
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	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: 39/141 Rpt: 42/146	
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Ferguson, John6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$2.00
_		Austin, TX 78721	1.				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Ferguson, John Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor Ferguson, Thomas Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Ferguson, Thomas Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Fernandez, Eric Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 40/141 Rpt: 43/146	
2	FILER NAME Austin Travis	: County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 5 Full name of contributor out-of-state out-of-			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 01/03/2025	Figueroa, Joshua Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state Figueroa, Joshua Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Finch, Walter)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Finch, Walter	te PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 41/141 Rpt: 44/146	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Fitzpatrick, Bryan	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor of contributor of contributor address; City; State; Z)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor of contributor of contributor address; City; State; Z Austin, TX 78721	ut-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>		
	Date 01/03/2025	Full name of contributor of Flores, Raul Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 42/141 Rpt: 45/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (ID# Flores, Raul Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Full name of contributor)	•	Amount of Contribution (\$)	\$2.00
	Principal occur	Austin, TX 78721 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	s)		
	Medic	pation / oob title (occ motitudions)		City of Austin	,		
	Date 01/17/2025	Full name of contributor	:		•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	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)	T	Employer (See Instructions City of Austin	<u> </u>		
	Date 01/17/2025	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	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 43/141 Rpt: 46/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Fuentes, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Gallio, Riane Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Gallio, Riane Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Garcia, Bianca Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 44/141 Rpt: 47/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state out-of-state Garcia, Bianca Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721			Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	S) 		
	Date 01/03/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state Gardner, Dale Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state 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	<u>(</u>		
	Date 01/17/2025	Full name of contributor out-of-state Garrett, Christina Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 45/141 Rpt: 48/146	
2	FILER NAME Austin Travis	County Emergency Medical Services Employee I	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.00
_	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 01/17/2025	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 01/03/2025	Full name of contributor out-of-state PAC (ID# Gold, Mora Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID# Gold, Mora Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID# Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721	<i>t</i> :		•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 46/141 Rpt: 49/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state P Gordon, Jennifer Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1.00
_	Deireitad	Austin, TX 78721	- la	Frankrije (Ozakatovski			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state P Gowe, Kathleen Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state P 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	<u>I</u> S)		
	Date 01/17/2025	Full name of contributor out-of-state P 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	s)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 47/141 Rpt: 50/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor out-of-sta Griffin, Bradley Contributor address; City; State; Zip Cod 	ate PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	·				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Griffin, Bradley Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state Griffith, Kimberly Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Griffith, Kimberly				Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Grijalva, Corey)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 48/141 Rpt: 51/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emp	oloyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state Grijalva, Corey Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state Groenloh, Jodie Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic	,		City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-state Groenloh, Jodie Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state 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	5)		
	Date 01/17/2025	Full name of contributor out-of-state Hadas, Brian Contributor address; City; State; Zip Code Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 49/141 Rpt: 52/146	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Hadden, Justin6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	1				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/17/2025	Full name of contributor Hadden, Justin Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor Haggarty, Timothy Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Haggarty, Timothy Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Hair, Nathan Contributor address; City; Sta	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 for	m.	1	Total pages Schedule A1: Sch: 50/141 Rpt: 53/146	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor Hair, Nathan6 Contributor address; City; Sta	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 01/03/2025	Full name of contributor Hairston, Christopher Contributor address; City; Sta)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> ;)		
	Medic	,		City of Austin			
	Date 01/17/2025	Full name of contributor Hairston, Christopher Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Hanes, Rodney Contributor address; City; Sta	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 01/17/2025	Full name of contributor Hanes, Rodney Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	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: 51/141 Rpt: 54/146	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Hanks, Kaden6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$3.00
_	Dringing Lagge	Austin, TX 78721	lo.	Employer (Coo Instructions			
8	Medic Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	·)		
	Date 01/17/2025	Full name of contributor Hanks, Kaden 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 01/03/2025	Full name of contributor Hargrave, Jeffrey 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 01/17/2025	Full name of contributor Hargrave, Jeffrey Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Harner, Kevin Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/141 Rpt: 55/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	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	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occur	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 01/17/2025	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 01/03/2025	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 01/17/2025	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	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 53/141 Rpt: 56/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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 01/17/2025	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 01/03/2025	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 01/17/2025	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 01/03/2025	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	s)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 54/141 Rpt: 57/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-star Herrera, Caroline Contributor address; City; State; Zip Cod 			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 01/03/2025	Hicks, Matthew)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 01/17/2025	Full name of contributor out-of-sta Hicks, Matthew Contributor address; City; State; Zip Cod	ate PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Hilaire, Cedrick)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Hilaire, Cedrick	ate 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 CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 55/141 Rpt: 58/146	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Hindman, Justin6 Contributor address; City; State			7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	1.				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Hindman, Justin Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor Hindman, Shelby Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor Hindman, Shelby Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:;; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Holland, Travis Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/141 Rpt: 59/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Holland, Travis 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 01/03/2025	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 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 300 title (See Instructions)	City of Austin			
	Date 01/17/2025	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 01/03/2025	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 01/17/2025	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 CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 57/141 Rpt: 60/146	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Jackson, Bryan	-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721	lo-	Frankrije (Coo koste istorio			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	·)		
	Date 01/17/2025	Full name of contributor out Jackson, Bryan Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	7		
	Medic	pation / oob title (occ mondenons)		City of Austin	')		
	Date 01/03/2025	Full name of contributor out Jacobsen, Patrick Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 01/17/2025	Full name of contributor out Jacobsen, Patrick Contributor address; City; State; Zip Austin, TX 78721	-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out Jakubauskas, Eric Contributor address; City; State; Zip Austin, TX 78721	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<u>.</u>				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	plete this forr	n.	1	Total pages Schedule A1: Sch: 58/141 Rpt: 61/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-s Jakubauskas, Eric	tate 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 01/03/2025	Full name of contributor out-of-s James, Jonathan Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Medic	panony oos and (eee menacher)		City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-s James, Jonathan 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 01/03/2025	Jensen, David	tate 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 01/17/2025	Full name of contributor out-of-s Jensen, David Contributor address; City; State; Zip Co	de			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/141 Rpt: 62/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Jimenez, Noah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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 01/17/2025	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 01/03/2025	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 CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/141 Rpt: 63/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Johns, Edward 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 7 cos title (ecc metadotoris)	City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Johns, Edward 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Andy Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Andy Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL (CONTRIBUTION	N:	5		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	rm	ı .	1	Total pages Schedule A1: Sch: 61/141 Rpt: 64/146	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC	<u> </u>		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Kalinowski, Jonathan6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$1.40
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	i)		
	Date 01/17/2025	Full name of contributor Kalinowski, Jonathan Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$1.40
	Principal occur	Austin, TX 78721 pation / Job title (See Instructions		F	Employer (See Instructions	.)		
	Medic	pation / 300 title (See matractions			City of Austin	')		
	Date 01/03/2025	Full name of contributor Kaminowitz, Robert Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 01/17/2025	Full name of contributor Kaminowitz, Robert Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/03/2025	Full name of contributor Kane, Mikel Contributor address; City; St Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 62/141 Rpt: 65/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 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	1-		_		
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID# Keef, Sean Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID# Keef, Sean 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 01/03/2025	Full name of contributor out-of-state PAC (ID# Kelly, Nolan Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$5.27
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	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	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 63/141 Rpt: 66/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID# Kimble, Alena Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Τ	Employer (See Instructions	 s)		
	Medic	,		City of Austin	•		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID# Kimble, Alena Contributor address; City; State; Zip Code	<u></u>)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID# Kingsbury, Dillon 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>s)</u>		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID# Kingsbury, Dillon 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 C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 64/141 Rpt: 67/146	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Kirmanidis, Andre 6 Contributor address; City; Star	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 01/17/2025	Full name of contributor Kirmanidis, Andre Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor Knauer, Andrew 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 01/17/2025	Full name of contributor Knauer, Andrew Contributor address; City; State 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 01/03/2025	Full name of contributor Knight, Aaron Contributor address; City; Star Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 65/141 Rpt: 68/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee F	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 01/17/2025	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 01/03/2025	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	<u>s)</u>		
	Date 01/17/2025	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	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 66/141 Rpt: 69/146	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Full name of contributor Koller, Steven Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_	Daine in a language	Austin, TX 78721	- In-	Faradayaa (Oo a baatayati aa			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Koller, Steven Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor [Kownacki, Benjamin Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Kownacki, Benjamin Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Kraemer, Ashley Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 67/141 Rpt: 70/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	Kraemer, Ashley	f-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 01/03/2025	Krampitz, Casey Contributor address; City; State; Zip ()		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-o Krampitz, Casey Contributor address; City; State; Zip 0	f-state PAC (ID#:)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Kraus, Stephen	f-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 01/17/2025	Kraus, Stephen	f-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	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: 68/141 Rpt: 71/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025		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)		
	Date 01/17/2025	Krycia, Noah Contributor address; City; State; Zip (of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor out-o Kurtze, Benedict 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)		
	Date 01/17/2025	Kurtze, Benedict	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-on Lamoureux, Nicholas Contributor address; City; State; Zip of Austin, TX 78721	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 69/141 Rpt: 72/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Lamoureux, Nicholas 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Lancaster, Eric 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 oob title (oce monucions)	City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Lancaster, Eric 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 01/03/2025	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 01/17/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this 1	or	m.	1	Total pages Schedule A1: Sch: 70/141 Rpt: 73/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P.	AC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor out-of-state PAC (ID#:_Leibin, Michael Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	_				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Leibin, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	;)		
	Medic			City of Austin	,		
	Date 01/03/2025	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	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Lesley, Brian Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	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	5)		
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	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 71/141 Rpt: 74/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services En	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025		te PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Leyva, Andrew)	•	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 01/17/2025	Leyva, Andrew			•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Lidster, Matthew)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-stat Lidster, Matthew Contributor address; City; State; Zip Code	te PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 72/141 Rpt: 75/146	
2	FILER NAME Austin Travis	County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor out-of-state PAC Lindsay, Ross Contributor address; City; State; Zip Code 	(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 01/17/2025	Full name of contributor)	•	Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Medic	padon, oob dae (ooc modacaans)		City of Austin	-,		
	Date 01/03/2025	Full name of contributor out-of-state PAC Lines, Bradley Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC Lines, Bradley Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC 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	S)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 73/141 Rpt: 76/146	
2	FILER NAME Austin Travis	s County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-out-out-out-out-out-out-out-out-out-)	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 01/03/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 01/17/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Lopez, Ramon	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 01/17/2025	Lopez, Ramon	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 74/141 Rpt: 77/146	
2	FILER NAME Austin Travis	s County Emergency Medical Serv	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Lozano Avila, Victor6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Lozano Avila, Victor 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 01/03/2025	Full name of contributor Lydon, Cassandra Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Lydon, Cassandra Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/03/2025	Full name of contributor Malgieri, Anthony Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 75/141 Rpt: 78/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	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> s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor	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 01/03/2025	Full name of contributor out-of-state P. Malone, Jordan Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/17/2025	Full name of contributor out-of-state P. 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	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 76/141 Rpt: 79/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services E	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor out-of-s Mancias, Vivian Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/17/2025	Mancias, Vivian Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor out-of-s Martin, Denise 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 01/17/2025	Martin, Denise	tate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> s)		
	Date 01/03/2025	Martin, Emily	tate PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 77/141 Rpt: 80/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAI Martin, Emily 6 Contributor address; City; State; Zip Code	C (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAGE 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	<u>I</u> S)		
	Date 01/17/2025	Full name of contributor out-of-state PAG Martinez, Henry Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 78/141 Rpt: 81/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Mason, Bryan 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)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Maxwell, 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 01/17/2025	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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ May, Meghan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.27
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL (CONTRIBUTION	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 79/141 Rpt: 82/146	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC			3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor May, Meghan	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.27
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor McClelland, Sterling Contributor address; City; S)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> ;)		
	Medic				City of Austin			
	Date 01/17/2025	Full name of contributor McClelland, Sterling 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 01/03/2025	Full name of contributor McDaniel, Michael Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor McDaniel, Michael Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
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	MONEI	ARY POLITICAL (CONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this for	m.	1	Total pages Schedule A1: Sch: 80/141 Rpt: 83/146	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Austin Travis	County Emergency Medical	Services Employee PAC			00053202	
4	Date 01/03/2025	5 Full name of contributor McGarry, Kenneth6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor McGarry, Kenneth Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$2.50
	Dringing occur	Austin, TX 78721	5)	Employer (See Instructional			
	Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	S)		
	Date 01/03/2025	Full name of contributor McIntire, Morgan Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	s)	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor McIntire, Morgan Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	<u> </u> 5)		
	Date 01/03/2025	Full name of contributor McLaughlin, Kathleen Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 81/141 Rpt: 84/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	/ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC McLaughlin, Kathleen Contributor address; City; State; Zip Code 	,		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor	C (ID#:		•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC Mead, Catrina Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/17/2025	Full name of contributor out-of-state PAC Mead, Catrina Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 82/141 Rpt: 85/146	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Medina, Jonathan6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$3.00
0	Dringing oggu	Austin, TX 78721	lo.	Employer (See Instructions			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Medina, Jonathan Contributor address; City; Sta	out-of-state PAC (ID#: tte; 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 01/03/2025	Full name of contributor Megally, Maureen Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Megally, Maureen Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>(</u>		
	Date 01/03/2025	Full name of contributor Mendez, Corey Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 83/141 Rpt: 86/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	loyee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor	-		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state P. Mestaz, Thomas Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state P. Meyer, Brett Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>1</u> S)		
	Date 01/17/2025	Full name of contributor out-of-state P Meyer, Brett Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 84/141 Rpt: 87/146	
2	FILER NAME Austin Travis	s County Emergency Medical Servi	ces Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025		ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 01/17/2025	Miller, Matthew 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 01/03/2025	Full name of contributor of contributor of contributor address; City; State; Z	ut-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 01/17/2025	Full name of contributor of contributor of contributor of contributor of contributor address; City; State; Zity; Austin, TX 78721	ut-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 01/03/2025	Full name of contributor of Molina, Israel Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			1				

	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: 85/141 Rpt: 88/146	
2	FILER NAME Austin Travis	s County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor Molina, Israel6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Molinelli, Nicholas 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 01/17/2025	Full name of contributor Molinelli, Nicholas 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 01/03/2025	Full name of contributor Monson, Nancy Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>. </u>		
	Date 01/17/2025	Full name of contributor Monson, Nancy Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL (CONTRIBUTION	_ V:	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 86/141 Rpt: 89/146	
2	FILER NAME Austin Travis	s County Emergency Medical	Services Employee PAC)		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor Montes, Angelica6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
8	Principal occu Medic	pation / Job title (See Instructions	9		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Montes, Angelica Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions	3)		Employer (See Instructions	(s)		
	Medic	panon, coo ano (coo mendenon			City of Austin	,,		
	Date 01/03/2025	Full name of contributor Moore, Alexander 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 01/17/2025	Full name of contributor Moore, Alexander Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Moore, Garrett Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)		Employer (See Instructions City of Austin	5)		
			,					

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 87/141 Rpt: 90/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC Moore, Garrett Contributor address; City; State; Zip Code 	(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 01/03/2025	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 01/17/2025	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC Morrison, Timothy 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 01/17/2025	Full name of contributor out-of-state PAC Morrison, Timothy Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:		•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 88/141 Rpt: 91/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Full name of contributor			7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID Morton, Rebecca 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 01/03/2025	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	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID Muniz, 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	<u> </u>		
	Date 01/03/2025	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	s)		
			•				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 89/141 Rpt: 92/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-sta Murphy, Michelle Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Murry, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of-sta Murry, Richard Contributor address; City; State; Zip Code	te PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Nalty, Michael)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/17/2025	Nalty, Michael)		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	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 90/141 Rpt: 93/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Nance, Megan 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Nance, Megan 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Nelson, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 91/141 Rpt: 94/146	
2	FILER NAME Austin Travis	County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor Nelson, William6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions	9	Employer (See Instructions City of Austin	i)		
	Date 01/03/2025	Full name of contributor Nguyen, Christopher Contributor address; City; Sta				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	:)		
	Medic	,		City of Austin	,		
	Date 01/17/2025	Full name of contributor Nguyen, Christopher Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)).	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor Niemann, Bradley Contributor address; City; Sta Austin, TX 78721	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Niemann, Bradley Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 92/141 Rpt: 95/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC	:	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID Noak, Darren 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor	D#:			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	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	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID Noftle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 93/141 Rpt: 96/146	
2	FILER NAME Austin Travis	s County Emergency Medical S	Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor Noftle, Rachel6 Contributor address; City; Sta	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 01/03/2025	Full name of contributor Olivarez, Dominique 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 01/17/2025	Full name of contributor Olivarez, Dominique Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Olivo, Nicholas Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Olivo, Nicholas Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			<u>, </u>				

	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: 94/141 Rpt: 97/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Emplo	yee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/17/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PA Orr, Valeria Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 01/03/2025	Full name of contributor out-of-state PA Pailes, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	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: 95/141 Rpt: 98/146	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor Pailes, Kenneth6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$5.00
_		Austin, TX 78721	1-				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor Palmer, Jacob Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	,		
	Date 01/17/2025	Full name of contributor Palmer, Jacob 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 01/03/2025	Full name of contributor Parker, Christine Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Parker, Christine 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: 96/141 Rpt: 99/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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 InstructionsCity of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Patterson, Roger Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Penner, Andre 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 01/17/2025	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)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Perry, Sean Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 97/141 Rpt: 100/146	
2	FILER NAME Austin Travis	County Emergency Medical Services Employe	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC Perry, Sean Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 01/03/2025	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			City of Austin			
	Date 01/17/2025	Full name of contributor	: (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC Phillips, Kyle Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC 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	S)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1	
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 98/141 Rpt: 101/146		
2	FILER NAME Austin Travis	s County Emergency Medical Se	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)	
4	Date 01/03/2025	5 Full name of contributor Pizzonia, Alexander	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00	
_		Austin, TX 78721	1-					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)			
	Date 01/17/2025	Full name of contributor Pizzonia, Alexander Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.00	
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Medic	,		City of Austin	,			
	Date 01/03/2025	Full name of contributor Plewacki, Thomas Contributor address; City; Stat	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 01/17/2025	Full name of contributor Plewacki, Thomas Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$1.00	
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>			
	Date 01/03/2025	Full name of contributor Poss, Lauren Contributor address; City; Stat Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u> </u>			

	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: 99/141 Rpt: 102/146	
2	FILER NAME Austin Travis	County Emergency Medical Service	s Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-out-out-out-out-out-out-out-out-out-			7	Amount of Contribution (\$)	\$3.00
_	Deignigal	Austin, TX 78721	lo-	Frankrije (Coo kooku jeti opo			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medic	,		City of Austin	,		
	Date 01/17/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/03/2025	Powers, Kristy	of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/17/2025	Powers, Kristy	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 CONTRI	BUTION	S		SCHEDULE	A1	
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	1 Total pages Schedule A1: Sch: 100/141 Rpt: 103/146		
2	FILER NAME Austin Travis	s County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)	
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.00	
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9	Employer (See Instructions	 			
	Medic			City of Austin				
	Date 01/17/2025	Price, Amber)		Amount of Contribution (\$)	\$2.00	
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)			
	Date 01/03/2025	Full name of contributor out-of-state Pruiett, Cayden 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 01/17/2025	Pruiett, Cayden				Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)			
	Date 01/03/2025	Full name of contributor out-of-state Puckett, James Contributor address; City; State; Zip Code Austin, TX 78721	e PAC (ID#:)		Amount of Contribution (\$)	\$2.30	
	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: 101/141 Rpt: 104/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (ID#:_ Puckett, James Contributor address; City; State; Zip Code 		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)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ 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)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_Quiroz Mendez, Jesus Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Quiroz Mendez, Jesus Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1	
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	1 Total pages Schedule A1: Sch: 102/141 Rpt: 105/146		
2	FILER NAME Austin Travis	County Emergency Medical Services Em	nployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)	
4	Date 01/03/2025		e PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00	
_		Austin, TX 78721	1_		_			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)			
	Date 01/17/2025	Radcliffe, James)	•	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 01/03/2025	Full name of contributor	e 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 01/17/2025	Rafferty, Zachary)	•	Amount of Contribution (\$)	\$13.00	
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)			
	Date 01/03/2025	Ramos, Duane	e PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00	
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	S)			
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	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 103/141 Rpt: 106/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Ramos, Duane 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Nathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.50
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Nathan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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 01/17/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 104/141 Rpt: 107/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Rattan, MaKena 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 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Rawn, Madison Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 105/141 Rpt: 108/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Reader, Robert 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 01/03/2025	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 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pation / cos tale (cos metadotorio)	City of Austin			
	Date 01/17/2025	Full name of contributor)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 106/141 Rpt: 109/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Reilly, Susanna 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 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Remus, Hannah Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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 CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 107/141 Rpt: 110/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Rice, Larry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Rice, Larry 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 108/141 Rpt: 111/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Deinainal assu	Austin, TX 78721	Faralous (Cool lastructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Rivera, Nathaniel 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 01/03/2025	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)		

	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	15		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 109/141 Rpt: 112/146	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Austin Travis	County Emergency Medical Services Employee P	AC			00053202	
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (ID#: Robbins, Joseph Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Rocha, Andrea Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Delevieral	Austin, TX 78721	_	Francisco (Octobrostico)	Ĺ		
	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	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 01/03/2025	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 01/17/2025	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	()		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 110/141 Rpt: 113/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Andrew 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 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Giovanni 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 01/03/2025	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)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 111/141 Rpt: 114/146	
2	FILER NAME Austin Travis	County Emergency Medical Services E	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-star out-of-star Roe, Lillian Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	T _a	5 1 (0 1 : :			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Rogers, Darren Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state Rogers, Darren Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Rogers, Wesley				Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Rogers, Wesley)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 112/141 Rpt: 115/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission F 00053202	-ilers)
4	Date 01/03/2025	 Full name of contributor out-of-state PAC (ID#:_Romo, Jodeci Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.00
•	Dringing con	Austin, TX 78721	•	Employer (See Instructions	,, 		
8	Medic Medic	pation / Job title (See Instructions)	9	City of Austin	s)		
	Date 01/17/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Rose, Donald Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Rose, Donald Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	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	s)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 113/141 Rpt: 116/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	٩C		3	Filer ID (Ethics Commission F 00053202	-ilers)
4	Date 01/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.50
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Salmeron, Alejandro 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 01/17/2025	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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 114/141 Rpt: 117/146	
2	FILER NAME Austin Travis	s County Emergency Medical Ser	vices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Santiago, Sabrina	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9	Employer (See Instructions) ()		
Ŭ	Medic	pation / oob title (occ motivations)	ľ	City of Austin	')		
	Date 01/17/2025	Full name of contributor Santiago, Sabrina Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	1				
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 01/03/2025	Full name of contributor Scamman, Alexis 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 01/17/2025	Full name of contributor Scamman, Alexis 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 01/03/2025	Full name of contributor Schickel, Matthew Contributor address; City; State; Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 115/141 Rpt: 118/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_Schickel, Matthew 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Schulz, Douglas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 01/17/2025	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				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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 01/17/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 116/141 Rpt: 119/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_Scott, Austin 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Scott, 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Sedillo, Gabriel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Sedillo, Gabriel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 117/141 Rpt: 120/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Shelton-Collins, Marcus 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Sircher, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / vob title (see instructions)	City of Austin			
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Sircher, 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_Sklar, Estelle Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Sklar, Estelle Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 118/141 Rpt: 121/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services I	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025		state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
_	Daine in all access	Austin, TX 78721		Farada a (Carada de Arastica de			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medic	patient, cos tito (coe metadotorio)		City of Austin	,		
	Date 01/03/2025	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)		
	Date 01/17/2025	Sletten, Spencer	state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/03/2025	Smith, Anthony	state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
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	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 119/141 Rpt: 122/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID Smith, Anthony 6 Contributor address; City; State; Zip Code	D#:		7	Amount of Contribution (\$)	\$2.50
_	Deignigal	Austin, TX 78721	ا ا	Family on (Cook both satisface			
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin			
	Date 01/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic			City of Austin			
	Date 01/17/2025	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 01/03/2025	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	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 01/17/2025	Full name of contributor out-of-state PAC (IE Soto, Karina Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 120/141 Rpt: 123/146	
2	FILER NAME Austin Travis	s County Emergency Medical S	ervices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	la-				
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor Stec, Ryan Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor [Stedman, Christina Contributor address; City; Stat	out-of-state PAC (ID#:te; 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 01/17/2025	Full name of contributor Stedman, Christina Contributor address; City; Stat 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 01/03/2025	Full name of contributor Stephens, Eric Contributor address; City; Stat	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)		
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	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 121/141 Rpt: 124/146	
2	FILER NAME Austin Travis	County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	lo.	Employer (See Instructions	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	»)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (Stevens, Mitchell Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Medic	pation, our title (our metadions)		City of Austin	-,		
	Date 01/17/2025	Full name of contributor out-of-state PAC (Stevens, Mitchell Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (Stowe, Richard Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (Stowe, Richard Contributor address; City; State; Zip Code Austin, TX 78721)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	lete this forr	n.	1	Total pages Schedule A1: Sch: 122/141 Rpt: 125/146	
2	FILER NAME Austin Travis	County Emergency Medical Services Er	mployee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 5 Full name of contributor out-of-star Stubbs, Brian 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2.50
_	Dringing Loon	Austin, TX 78721	lo.	Employer (Coo Instructions	<u></u>		
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Stubbs, Brian Contributor address; City; State; Zip Cod)	•	Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state Swanner, Emily Contributor address; City; State; Zip Code	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 01/17/2025	Swanner, Emily				Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out-of-state Swift, Patrick 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	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 123/141 Rpt: 126/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID Tait, Grant Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID Tait, Grant 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	s)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID 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 01/17/2025	Full name of contributor out-of-state PAC (ID Tarrillion, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	1 0#:			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 124/141 Rpt: 127/146	
2	FILER NAME Austin Travis	s County Emergency Medical Service	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	Tekamp, Austin	-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721		5 1 (0 1 i ii			
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Tekamp, Austin Contributor address; City; State; Zip	-of-state PAC (ID#:) Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/03/2025	Full name of contributor out Thomas, Jonathan Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out Thomas, Jonathan Contributor address; City; State; Zip Austin, TX 78721	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor out Thomas, Patrick Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 125/141 Rpt: 128/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Thomas, Patrick 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 01/03/2025	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 300 title (See Instructions)	City of Austin	,		
	Date 01/17/2025	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 01/03/2025	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	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	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	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 126/141 Rpt: 129/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.00
_		Austin, TX 78721			<u> </u>		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	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)	\top	Employer (See Instructions	 ;)		
	Medic	,		City of Austin	,		
	Date 01/03/2025	Full name of contributor	#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	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	<u>l</u> s)		
	Date 01/03/2025	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	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: 127/141 Rpt: 130/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Toole, Kaytlyn 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Toole, Kaytlyn 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 01/03/2025	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)		
	Date 01/17/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 128/141 Rpt: 131/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest 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 01/17/2025	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 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin			
	Date 01/03/2025	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 01/17/2025	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 01/03/2025	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 CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 129/141 Rpt: 132/146	
2	FILER NAME Austin Travis	County Emergency Medical Servic	es Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	Traxel, Joshua	-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 01/03/2025	Trojanowski, Mark Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out Trojanowski, Mark Contributor address; City; State; Zip	o Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out Van Treese, Taylor Contributor address; City; State; Zip Austin, TX 78721	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 01/17/2025	Full name of contributor out Van Treese, Taylor Contributor address; City; State; Zip	o Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin)		
			<u>.</u>				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 130/141 Rpt: 133/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Deignaignal	Austin, TX 78721	ام	Familia var (Can Instructions			
8	Medic Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/17/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	1	Employer (See Instructions	 s)		
	Medic	,		City of Austin	,		
	Date 01/03/2025	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 01/17/2025	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	<u>s)</u>		
	Date 01/03/2025	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	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 131/141 Rpt: 134/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	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)	Employer (See Instructions City of Austin)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Vega, Aldo 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Vega, Aldo 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 01/03/2025	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 01/17/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 132/141 Rpt: 135/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Voelker, Jaime 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	pation 7 oob title (occ mondottons)	City of Austin			
	Date 01/03/2025	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)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Wadham, Gary 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 01/03/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 133/141 Rpt: 136/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor		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 01/03/2025	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 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Way, 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 01/03/2025	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	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	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	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 134/141 Rpt: 137/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee P	AC		3	Filer ID (Ethics Commission I 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Medic	,		City of Austin	,		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Weil, Skyler Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Delegale al acces	Austin, TX 78721	_	Faralassa (Osas Instructions	<u></u>		
	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	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	s)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Weldon, Tyler Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	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	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: 135/141 Rpt: 138/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Welkley, Justin 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Wesen, Hunter 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Wesen, Hunter 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 01/03/2025	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 01/17/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 136/141 Rpt: 139/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	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)	9 Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel 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 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ White, Anna 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 01/03/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 137/141 Rpt: 140/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (ID#:_ White, Stephen 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Wiggin, Stuart 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Wiggin, Stuart 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 01/03/2025	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 01/17/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 138/141 Rpt: 141/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Williams, Dennis 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 7 cos title (ecc metadotoris)	City of Austin	,		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ Winters, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Winters, 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 01/03/2025	Full name of contributor out-of-state PAC (ID#:_ 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)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 139/141 Rpt: 142/146	
2	FILER NAME Austin Travis	County Emergency Medical Services	Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-Wolber, Bailey Contributor address; City; State; Zip Contributor 			7	Amount of Contribution (\$)	\$3.00
_	5	Austin, TX 78721			_		
8	Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Wright, Courtney Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Medic			City of Austin			
	Date 01/17/2025	Full name of contributor out-of- Wright, Courtney Contributor address; City; State; Zip Co	state PAC (ID#: ode)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Wyche, Tyson	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 01/17/2025	Wyche, Tyson	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	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 140/141 Rpt: 143/146	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 01/03/2025	 5 Full name of contributor out-of-state PAC (ID#:_ Xie, Selena 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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Xie, Selena Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Frankrian (Coo Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin)		
	Date 01/03/2025	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 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Yankiver, Lizabeth 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 01/03/2025	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)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this for	rm.	1	Total pages Schedule A1: Sch: 141/141 Rpt: 144/146	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Austin Travis	S County Emergency Medical	Services Employee PAC			00053202	
4	Date 01/17/2025	5 Full name of contributor Yarbrough, James6 Contributor address; City; S	out-of-state PAC (ID#: tate; 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	s) 		
	Date 01/03/2025	Full name of contributor Yasui, Benjamin Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721			Ĺ		
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	s) 		
	Date 01/17/2025	Full name of contributor Yasui, Benjamin Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		
	Date 01/03/2025	Full name of contributor deOliveira, Courtney Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	s)	Employer (See Instructions City of Austin	<u>l</u> S)		
	Date 01/17/2025	Full name of contributor deOliveira, Courtney Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions	5)	Employer (See Instructions City of Austin	5)		

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how	to complete this f	orm.	I	nges Schedule E: 1 Rpt: 145/146
	FILER NAME Austin Travis County Emergency Medical Services Employee PA			AC	3 Filer ID (Ethics Commission Filers) 00053202	
4	TOTAL OF UNITEMIZED LOANS				'	\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)
	Is lender a financial institution?	8 Lender address; (City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation / Job title (See Instructions)			13 Employer (See Instr	uctions)	
14	Description of Collateral None			15 Check if personal funds were deposited into political account (See Instructions)		
	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; (City; State;	Zip Code		
20	Principal occupation			21 Employer (See Instructions)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 146/146	Austin Travis County Emergency Medical Services 00053202				
4 Date	5 Payee name				
01/03/2025	City of Austin				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$35.30	15 Waller St				
Expenditure from corporate funds	Austin, TX 78702				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Payroll deduction fees				
	rayioli deduction lees				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
oxportantaro to sorione or o					
Date	Payee name				
01/17/2025	City of Austin				
Amount (\$)	Payee address; City; State; Zip Code				
\$35.20	15 Waller St				
Expenditure from corporate funds	Austin, TX 78702				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
_/	Check if Austin, TX, officeholder living expense				
	Payroll deduction fees				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
experialitate to better 6/01	'				
Date	Payee name				
12/30/2024	Vanessa Fuentes Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$450.00	PO Box 17221				
Expenditure from corporate funds	Austin, TX 78760				
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.				
EXPENDITORE	Candidate/Officeholder/Political Committee				
	Campaign contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				