

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC | 13 Filer ID (Ethics Commission Filers) 00053202 |
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|---|--|---|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Vanessa Fuentes City Council |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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|-------------------------------|---|--------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,086.03 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 520.50 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 94,975.79 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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

Ms. Selena Xie

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

| | | |
|--|---|---|
| 17 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC | | 18 Filer ID (Ethics Commission Filers) 00053202 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,086.03 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 520.50 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/141 Rpt: 4/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abernathy, Kayla | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abernathy, Kayla | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Brandon | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/141 Rpt: 5/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Ricardo | 7 Amount of Contribution (\$) \$2.50 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albear, Oscar | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Janel | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/141 Rpt: 6/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Luis | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Alejandra | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Scott | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthon, McKenna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armas, David | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Charles | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha-Guerra, Val | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/141 Rpt: 9/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Scott 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aune, Joseph Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, America Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew | 7 Amount of Contribution (\$) \$2.50 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azelton, Andrew | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azuara Mendez, Elvia | Amount of Contribution (\$) \$3.27 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azuara Mendez, Elvia | Amount of Contribution (\$) \$3.27 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/141 Rpt: 11/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Charles <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/141 Rpt: 12/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Amanda <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Coty <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/141 Rpt: 13/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Travis | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balboa, Adam | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barch-Chandler, Travis | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/141 Rpt: 14/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Jennifer | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jaelithe | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/141 Rpt: 15/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauhs, Isabel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Rose <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Camille <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/141 Rpt: 16/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jory <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/141 Rpt: 17/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blais, Braden | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, Michael | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/141 Rpt: 18/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockewitz, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunstein, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/141 Rpt: 19/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazelton, Reese <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/141 Rpt: 20/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Johnathan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Johnathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Savannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/141 Rpt: 21/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpus, Ross <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgoyne, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bynum, Gillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bynum, Gillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/141 Rpt: 22/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Audrey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$0.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/141 Rpt: 23/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Audrey | 7 Amount of Contribution (\$) \$0.27 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantonis, Carl | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Emma | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/141 Rpt: 24/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartmill, Andres <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/141 Rpt: 25/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cendejas, Jacqueline | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charboneau, Christian | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charboneau, Christian | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Erin | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/141 Rpt: 26/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheeks, Shedrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhabra, Ranjit <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/141 Rpt: 27/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciminera, Joseph | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Rajiv | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/141 Rpt: 28/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarkson, Diana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarkson, Diana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/141 Rpt: 29/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Jason <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/141 Rpt: 30/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costantino, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/141 Rpt: 31/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crock, Clairissa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/141 Rpt: 32/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Zarate, Hector <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullens, Malik <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullens, Malik <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/141 Rpt: 33/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Daniel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damron, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.27 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/141 Rpt: 34/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/141 Rpt: 35/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Masse, Dustin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derion, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionizio, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/141 Rpt: 36/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John | 7 Amount of Contribution (\$) \$2.50 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohoe, John | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Joseph | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/141 Rpt: 37/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Bryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 35/141 Rpt: 38/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmonson, Savanna | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eeten, John | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Efe Aluebhosele, Onome | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/141 Rpt: 39/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Efe Aluebhosele, Onome <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbel, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/141 Rpt: 40/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizardo, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/141 Rpt: 41/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ender, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/141 Rpt: 42/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, John Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/141 Rpt: 43/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Eric <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Walter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 41/141 Rpt: 44/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 42/141 Rpt: 45/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Raul | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Robert | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Tiana | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/141 Rpt: 46/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Timothy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallio, Riane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/141 Rpt: 47/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bianca | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Dale | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christina | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 45/141 Rpt: 48/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastelum, Aaron | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Mora | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 46/141 Rpt: 49/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowe, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregson, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 47/141 Rpt: 50/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bradley | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bradley | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Kimberly | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grijalva, Corey | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 48/141 Rpt: 51/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grijalva, Corey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groenloh, Jodie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groenloh, Jodie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadas, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadas, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 49/141 Rpt: 52/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 50/141 Rpt: 53/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Nathan | 7 Amount of Contribution (\$) \$2.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Christopher | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Rodney | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 51/141 Rpt: 54/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 52/141 Rpt: 55/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harner, Kevin | 7 Amount of Contribution (\$) \$2.50 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Cole | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellein, Jacob | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellein, Jacob | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 53/141 Rpt: 56/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hugo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 54/141 Rpt: 57/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Caroline | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Matthew | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilaire, Cedrick | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilaire, Cedrick | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 55/141 Rpt: 58/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Travis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 56/141 Rpt: 59/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Travis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Bryan | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Patrick | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakubauskas, Eric <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Noah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Noah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jinadasa, Sampath <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jinadasa, Sampath <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Andy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 61/141 Rpt: 64/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.40 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.40 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaminowitz, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 62/141 Rpt: 65/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Mikel | 7 Amount of Contribution (\$) \$1.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keef, Sean | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keef, Sean | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Nolan | Amount of Contribution (\$) \$5.27 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Jacob | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Jacob <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble, Alena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Dillon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Dillon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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SCHEDULE A1

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Aaron <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Steven <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koller, Steven <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kownacki, Benjamin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kownacki, Benjamin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraemer, Ashley <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krampitz, Casey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krampitz, Casey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 68/141 Rpt: 71/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krycia, Noah Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtze, Benedict Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtze, Benedict Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoureux, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 69/141 Rpt: 72/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoureux, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 70/141 Rpt: 73/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibin, Michael | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Brian | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Brian | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Christopher | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 71/141 Rpt: 74/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 72/141 Rpt: 75/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cindy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 73/141 Rpt: 76/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cindy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 74/141 Rpt: 77/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano Avila, Victor | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano Avila, Victor | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydon, Cassandra | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malgieri, Anthony | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 75/141 Rpt: 78/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malgieri, Anthony <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallon, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallon, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 76/141 Rpt: 79/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancias, Vivian | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancias, Vivian | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Denise | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 77/141 Rpt: 80/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Emily | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Noah | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Henry | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 78/141 Rpt: 81/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan | 7 Amount of Contribution (\$) \$4.50 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Bryan | Amount of Contribution (\$) \$4.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Aaron | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan | Amount of Contribution (\$) \$1.27 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 79/141 Rpt: 82/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Meghan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$1.27 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$9.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$9.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 80/141 Rpt: 83/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth | 7 Amount of Contribution (\$) \$2.50 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kenneth | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Morgan | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 81/141 Rpt: 84/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiff, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mead, Catrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mead, Catrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 82/141 Rpt: 85/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megally, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Corey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Brett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Brett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Guadalupe <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Israel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Israel | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinelli, Nicholas | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monson, Nancy | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Angelica | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Angelica | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Alexander | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Alexander | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Garrett | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kyle | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Timothy | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Rebecca | 7 Amount of Contribution (\$) \$2.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Rebecca | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Brian | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Brian | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michelle | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michelle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murry, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murry, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nalty, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nalty, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Megan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negrón, Luis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negrón, Luis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Bradley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noak, Darren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noak, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Keith <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Dominique | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Nicholas | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, John | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Valeria | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Valeria | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pailes, Kenneth | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Christine <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Christine <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 96/141 Rpt: 99/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Roger <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$4.50 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Roger <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penner, Andre <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penner, Andre <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Sean <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

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| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Heather | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kyle | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzonia, Alexander | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plewacki, Thomas | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plewacki, Thomas | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Lauren | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kristy <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Amber <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puckett, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radcliffe, James <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radcliffe, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$13.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$13.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Duane <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$9.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$9.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, MaKena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawn, Madison <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reader, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| | 6 Contributor address; City; State; Zip Code Austin, TX 78721 | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Kevin | Amount of Contribution (\$) \$1.30 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Kevin | Amount of Contribution (\$) \$1.30 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regier, Natalie | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remus, Hannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remus, Hannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Larry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Larry <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Russell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 110/141 Rpt: 113/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Giovanni <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Lillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Darren <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.30 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Wesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Jodeci <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Jodeci <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Lindsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmeron, Alejandro <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmeron, Alejandro <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval Ruano, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval Ruano, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Sabrina <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Sabrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scamman, Alexis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scamman, Alexis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schickel, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schickel, Matthew | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, Douglas | Amount of Contribution (\$) \$1.30 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, Douglas | Amount of Contribution (\$) \$1.30 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutt, Kyle | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutt, Kyle | Amount of Contribution (\$) \$1.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Austin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
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| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton-Collins, Marcus <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slattery, Christian <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.50 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Karina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Karina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stec, Ryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stec, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
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| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian | 7 Amount of Contribution (\$) \$2.50 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Emily | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Patrick | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tait, Grant | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrillion, Matthew | Amount of Contribution (\$) \$5.00 |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 124/141 Rpt: 127/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tekamp, Austin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Garner <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Nichole <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Kaytlyn | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole, Kaytlyn | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gil | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Si <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojanowski, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanZandt, Donovan | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanZandt, Donovan | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Eric | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasna, Renayuddh | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Aldo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Aldo <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelker, Jaime <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadham, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Alexander <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Skyler | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Tyler | Amount of Contribution (\$) \$2.50 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welkley, Justin | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westby, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$2.00 |
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| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, Samuel <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggin, Stuart <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$1.00 |
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| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 138/141 Rpt: 141/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolber, Bailey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 139/141 Rpt: 142/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolber, Bailey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 140/141 Rpt: 143/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Selena <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yankiver, Lizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 141/141 Rpt: 144/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, James | 7 Amount of Contribution (\$) \$4.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| 8 Principal occupation / Job title (See Instructions) Medic | | 9 Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasui, Benjamin | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deOliveira, Courtney | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deOliveira, Courtney | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Austin, TX 78721 | | |
| Principal occupation / Job title (See Instructions) Medic | | Employer (See Instructions) City of Austin |

LOANS

SCHEDULE E

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 145/146 |
| 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC | | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 146/146 | 2 FILER NAME Austin Travis County Emergency Medical Services | 3 Filer ID (Ethics Commission Filers) 00053202 |
| 4 Date 01/03/2025 | 5 Payee name City of Austin | |
| 6 Amount (\$) \$35.30 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 15 Waller St Austin, TX 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/17/2025 | Payee name City of Austin | |
| Amount (\$) \$35.20 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 15 Waller St Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/30/2024 | Payee name Vanessa Fuentes Campaign | |
| Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 17221 Austin, TX 78760 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |