#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 157 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 04/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 5817 Wilcab Road Ste 3 Austin, TX 78721 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Ms. Selena NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Xie CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 4710 Heflin Ln. STREET **ADDRESS** (Residence or Business) Austin, TX 78721 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4710 Heflin Ln. MAILING **ADDRESS** Austin, TX 78721 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 228-9321 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2025 03/25/2025

**GO TO PAGE 2** 

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Austin Travis County Er	mergency Medical Serv	vices Employee PA	/C	0005320	)2
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magguras	A. Supported			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES (	ALLY)	\$	0.00
	2. TOTAL POLITICA		NS GUARANTEES OF LOANS)	\$	2,253.30
EXPENDITURE	3. TOTAL UNITEMIZED		,		
TOTALS				\$	0.00
	4. TOTAL POLITICA	L EXPENDITURE	S	\$	76.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING		AINTAINED AS OF THE LAST	DAY \$	98,150.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		UTSTANDING LOANS AS OF	THE \$	0.00
L6 AFFIDAVIT	<u> </u>			·	
		true a	ar, or affirm, under penalty of pend nd correct and includes all info Title 15, Election Code.	erjury, that the rmation requi	e accompanying report is red to be reported by me
			Ms Se	elena Xie	
			Signature of Ca		surer
AFFIX NOTARY	STAMP / SEAL ABOVE		· ·	, 0	
Sworn to and subscribed	hefore me, by the said		, 1	this the	day
of					uay
	-				
Signature of officer ad	ministering oath	Printed name of office	cer administering oath	Title of o	fficer administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				3 of 157
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commissio	n Filers)
Austin Tra	avis County Emergency Medical Services Employee PAC	00053202		
	E SUBTOTALS SCHEDULE		SUBTOTAL A	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,253.30
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	76.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 1/152 Rpt: 4/157	
2	FILER NAME	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date	5 Full name of contributor out-of-state PAC (II		17	Amount of Contribution (\$)	
•	02/28/2025	Abdelhadi, Leila		<u> </u>	Amount of Continuation (4)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor  ut-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	03/14/2025	Abdelhadi, Leila				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	02/28/2025	Abernathy, Kayla				\$3.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic	pation / cos tillo (coo molidotono)	City of Austin			
	Date	Full name of contributor  ut-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	03/14/2025	Abernathy, Kayla				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	02/28/2025	Adcock, Brandon				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		_
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/152 Rpt: 5/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_Adcock, Brandon  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Aguilar, Ricardo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (oce monucions)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Aguilar, Ricardo Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Albear, Oscar  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Albear, Oscar  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/152 Rpt: 6/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Allen, Janel  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Allen, Janel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Almaguer, Luis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Almaguer, Luis  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Almodovar, Alejandra  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/152 Rpt: 7/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Almodovar, Alejandra</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Anderson, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Anderson, Scott Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Anthon, McKenna  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Anthon, McKenna Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/152 Rpt: 8/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Armas, David  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	_			
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Armas, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	:)		
	Medic	,	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Armstrong, Charles Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Armstrong, Charles Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Arocha-Guerra, Val  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/152 Rpt: 9/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Arocha-Guerra, Val  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Aubin, Scott  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	, ,	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Aubin, Scott Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Aune, Joseph Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Aune, Joseph Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/152 Rpt: 10/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_Avila, America  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Avila, America Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	panent out and (ede mendene)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Azelton, Andrew Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Azelton, Andrew  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Azuara Mendez, Elvia  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.27
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/152 Rpt: 11/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Azuara Mendez, Elvia  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.27
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bailey, Charles Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 cos title (ecc metadotoris)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Bailey, Charles Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Bailey, James  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Bailey, James  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/152 Rpt: 12/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Bailey, Michael  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (See instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, Alexander Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Alexander  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Amanda  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/152 Rpt: 13/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Baker, Amanda  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, Coty Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, Coty Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Travis  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Travis  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/152 Rpt: 14/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_Balboa, Adam 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions</li><li>City of Austin</li></ul>	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Balboa, Adam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 oob title (oce monucions)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Barch-Chandler, Travis Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Barch-Chandler, Travis  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Barnhart, Jennifer  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

MONET	ARY POLITICAL CONTRIBUT	TONS	SCHEDULE A1
The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 12/152 Rpt: 15/157
2 FILER NAME Δustin Travis	s County Emergency Medical Services Employee	2 PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date	5 Full name of contributor out-of-state PAC (II		7 Amount of Contribution (\$)
03/14/2025	Barnhart, Jennifer		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date	Full name of contributor  ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
02/28/2025	Bauhs, Isabel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	_	
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
03/14/2025	Bauhs, Isabel Contributor address; City; State; Zip Code		\$3.00
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	(5)
Medic		City of Austin	
Date	Full name of contributor  ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
02/28/2025			\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor  ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
03/14/2025	Beaver, Camille		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	

County Emergency Medical Services Employee PA  Full name of contributor out-of-state PAC (ID#:_ Bell, Jory  Contributor address; City; State; Zip Code  Austin, TX 78721  ation / Job title (See Instructions)	AC	<ol> <li>Total pages Schedule A1:         Sch: 13/152 Rpt: 16/157</li> <li>Filer ID (Ethics Commission File 00053202</li> <li>Amount of Contribution (\$)</li> </ol>	
Full name of contributor out-of-state PAC (ID#:_ Bell, Jory Contributor address; City; State; Zip Code  Austin, TX 78721		00053202	
Full name of contributor out-of-state PAC (ID#:_ Bell, Jory Contributor address; City; State; Zip Code  Austin, TX 78721			\$3.00
	• Farada a a (Carada a transfera a		
ation / Job title (See Instructions)			
	9 Employer (See Instructions) City of Austin	)	
Full name of contributor out-of-state PAC (ID#:_Bell, Jory  Contributor address; City; State; Zip Code  Austin, TX 78721		Amount of Contribution (\$)	\$3.00
ation / Job title (See Instructions)	Employer (See Instructions	)	
	City of Austin		
Full name of contributor out-of-state PAC (ID#:_ Bernal, Erica Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00
Austin, TX 78721			
ation / Job title (See Instructions)	Employer (See Instructions City of Austin	)	
Bernal, Erica	_	Amount of Contribution (\$)	\$3.00
ation / Job title (See Instructions)	Employer (See Instructions City of Austin	)	
Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00
ation / Job title (See Instructions)	Employer (See Instructions City of Austin	)	
	Full name of contributor out-of-state PAC (ID#:_Bernal, Erica  Contributor address; City; State; Zip Code  Austin, TX 78721  tion / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:_Black, Jessica  Contributor address; City; State; Zip Code  Austin, TX 78721	Full name of contributor out-of-state PAC (ID#:	City of Austin  Full name of contributor  out-of-state PAC (ID#:

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/152 Rpt: 17/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Black, Jessica  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Blais, Braden Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 vob title (eee mondelions)	City of Austin			
	Date 03/14/2025	Full name of contributor	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Blume, Michael  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Blume, Michael  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/152 Rpt: 18/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Bockewitz, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, William  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	, , , , , , , , , , , , , , , , , , , ,	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bostrom, Shanna Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Bostrom, Shanna Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Braunstein, Spencer Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/152 Rpt: 19/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Braunstein, Spencer  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Brazelton, Reese Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 300 title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Brindley, Jordan  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Brindley, Jordan  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 17/152 Rpt: 20/157	
2	FILER NAME	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
_				Ļ		
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID: Broadbent, Kolby		7	Amount of Contribution (\$)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor out-of-state PAC (ID)	#:)		Amount of Contribution (\$)	
	03/14/2025	Broadbent, Kolby				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor  out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	02/28/2025	Brown, Christopher				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Medic	pation / 305 title (See instructions)	City of Austin	رد		
		Full name of contributor		_	Amount of Contribution (4)	
	Date 03/14/2025	Full name of contributor  out-of-state PAC (ID)  Brown, Christopher	#:)		Amount of Contribution (\$)	\$3.00
	03/14/2023			ł		Φ3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.                                    </u>		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID)	#: )	Π	Amount of Contribution (\$)	
	02/28/2025	Brown, Johnathan				\$3.00
		Contributor address; City; State; Zip Code		1		
		, ,, ,				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/152 Rpt: 21/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Brown, Johnathan  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Brunson, Savannah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Brunson, Savannah Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bumpus, Ross Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Bumpus, Ross Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/152 Rpt: 22/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Burgoyne, James  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Burgoyne, James  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bynum, Gillian Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Bynum, Gillian Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cabrera, Ryan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/152 Rpt: 23/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>5 Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cain, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cain, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Calderon, Audrey  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$0.27
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Calderon, Audrey Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$0.27
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/152 Rpt: 24/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Cantonis, Carl  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cantonis, Carl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cantu, Micah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cantu, Micah Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Carter, Emma Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/152 Rpt: 25/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cartmill, Andres Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 000 title (Gee mondellons)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cartmill, Andres Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cavarretta, James Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cavarretta, James Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

2 FILER NAME	Emergency Medical Services Employee Pame of contributor out-of-state PAC (ID#:_ni, Anthony libutor address; City; State; Zip Code  ame of contributor out-of-state PAC (ID#:_ni, TX 78721  bb title (See Instructions)  ame of contributor out-of-state PAC (ID#:_ni, Anthony libutor address; City; State; Zip Code  n, TX 78721	9 Employer (See Instructions	3 Filer ID (E 00053202	52 Rpt: 26/157 Ethics Commission Contribution (\$)	
Austin Travis County  4 Date	ame of contributor out-of-state PAC (ID#:_ni, Anthony ibutor address; City; State; Zip Code  n, TX 78721 bb title (See Instructions)  ame of contributor out-of-state PAC (ID#:_ni, Anthony ibutor address; City; State; Zip Code	9 Employer (See Instructions City of Austin	00053202 7 Amount of C	Contribution (\$)	
4 Date 02/28/2025	ame of contributor out-of-state PAC (ID#:_ni, Anthony ibutor address; City; State; Zip Code  n, TX 78721 bb title (See Instructions)  ame of contributor out-of-state PAC (ID#:_ni, Anthony ibutor address; City; State; Zip Code	9 Employer (See Instructions City of Austin	7 Amount of C	Contribution (\$)	\$3.00
8 Principal occupation / Jones Medic  Date Full in O3/14/2025 Cela Control  Aust  Principal occupation / Jones Medic  Date Full in Control  Aust  Principal occupation / Jones Control  Aust  Principal occupation / Jones Control  Aust	ame of contributor out-of-state PAC (ID#:_ni, Anthony ibutor address; City; State; Zip Code	City of Austin	·	Contribution (\$)	
Medic  Date Full n 03/14/2025 Cela  Contr  Aust  Principal occupation / Jo Medic  Date Full n 02/28/2025 Cend  Contr  Aust  Principal occupation / Jo	ame of contributor	City of Austin	·	Contribution (\$)	
O3/14/2025 Cela  Contribution Aust  Principal occupation / Journal Aust  O2/28/2025 Centribution Contribution Aust  Principal occupation / Journal Aust	ni, Anthony ibutor address; City; State; Zip Code		Amount of C	Contribution (\$)	
Principal occupation / Jo Medic  Date Full n 02/28/2025 Cent Contri  Aust  Principal occupation / Jo	, 170 10122			Solitabulon (4)	\$3.00
Date Full n 02/28/2025 Cend Contr	bb title (See Instructions)	Employer (See Instructions	s)		
Principal occupation / Jo	ame of contributor out-of-state PAC (ID#:_dejas, Jacqueline ibutor address; City; State; Zip Code		Amount of C	Contribution (\$)	\$3.00
	n, TX 78721	Employer (See Instructions	9)		
Medic		City of Austin	<i>-</i> ,		
03/14/2025 Cend	ibutor address; City; State; Zip Code		Amount of C	Contribution (\$)	\$3.00
	n, TX 78721 ob title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			
02/28/2025 Char Contr	ame of contributor out-of-state PAC (ID#:_boneau, Christian ibutor address; City; State; Zip Code  n, TX 78721	)	Amount of C	Contribution (\$)	\$3.00
	bb title (See Instructions)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete tl	his form.	1	Total pages Schedule A1: Sch: 24/152 Rpt: 27/157	
2	FILER NAME	County Emergency Medical Services Employe	oo DAC	3	Filer ID (Ethics Commission 00053202	Filers)
_		s County Emergency Medical Services Employe		<del> </del>		
4	Date 03/14/2025	5 Full name of contributor out-of-state PAC Charboneau, Christian		<sup>7</sup> 	Amount of Contribution (\$)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/28/2025	Chavez, Erin				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	03/14/2025	Chavez, Erin				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/28/2025	Cheeks, Shedrick				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC	(ID#:)	Т	Amount of Contribution (\$)	
	03/14/2025	Cheeks, Shedrick				\$1.00
		Contributor address; City; State; Zip Code		"		
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Medic	-	City of Austin			
			'			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/152 Rpt: 28/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Chhabra, Ranjit Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cisneros, Kevin Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/152 Rpt: 29/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Cisneros, Kevin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Clark, Rajiv Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Clark, Rajiv Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Clark, William  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Clark, William Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/152 Rpt: 30/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Clarkson, Diana  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	panent cos and (cos men actions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cochnauer, Raymond Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONEI	ARY POLITICAL (	CONTRIBUTION	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 28/152 Rpt: 31/157	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	Austin Travis	S County Emergency Medical	Services Employee PAC	<u>С</u>			00053202	
4	Date 03/14/2025	<ul><li>5 Full name of contributor</li><li>Cochnauer, Raymond</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	,					
8	Principal occu Medic	pation / Job title (See Instruction	s) <u> </u>		Employer (See Instructions City of Austin	5)		
	Date 02/28/2025	Full name of contributor Cole, Jason Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
	5	Austin, TX 78721	,		5 1 (2 1 1 1	<u></u>		
	Medic Medic	pation / Job title (See Instruction	S)		Employer (See Instructions City of Austin	5)		
	Date 03/14/2025	Full name of contributor Cole, Jason Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721						
	Principal occu Medic	pation / Job title (See Instruction	s)		Employer (See Instructions City of Austin	5)		
	Date 02/28/2025	Full name of contributor Coleman, James Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instruction	s)		Employer (See Instructions City of Austin	s)		
	Date 03/14/2025	Full name of contributor Coleman, James Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instruction:	s)		Employer (See Instructions City of Austin	<u>.</u> ;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/152 Rpt: 32/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Cooper, Matthew  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cooper, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cornwall, Angela Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Costantino, John Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/152 Rpt: 33/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Crock, Clairissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Crock, Clairissa Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Crouch, Jordan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Crouch, Jordan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/152 Rpt: 34/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Crouch, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Crouch, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (oce mondetions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cruz Zarate, Hector Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cruz Zarate, Hector Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cullens, Malik Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/152 Rpt: 35/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Cullens, Malik  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Damron, William  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.27
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Damron, William  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.27
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/152 Rpt: 36/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Dantas, Felipe 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Dantas, Felipe Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Richard  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/152 Rpt: 37/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Davis, Richard  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: DeLong, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: DeLong, Jonathan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Dean-Masse, Dustin  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Dean-Masse, Dustin  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/152 Rpt: 38/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	, , , , , , , , , , , , , , , , , , , ,	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Dionizio, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Dionizio, James  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/152 Rpt: 39/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Duran, Bryan Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Duran, Bryan Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/152 Rpt: 40/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Durham, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Durham, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	7		
	Medic	pation 7 cos title (ecc metadotoris)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/152 Rpt: 41/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Edmonson, Savanna  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Eeten, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing agg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Eeten, John Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Efe Aluebhosele, Onome Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Efe Aluebhosele, Onome Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/152 Rpt: 42/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Eguia, Eduardo  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Elbel, Amber Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Elbel, Amber  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Elizardo, Daniel  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 40/152 Rpt: 43/157	
2	FILER NAME	County Emousion Madical Comicos Escala	DAC	3	Filer ID (Ethics Commission	Filers)
		ustin Travis County Emergency Medical Services Employee PAC		_	00053202	
4	Date 03/14/2025	5 Full name of contributor out-of-state PAG Elizardo, Daniel			Amount of Contribution (\$)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	ıs)		
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	02/28/2025	Ellis, Rebecca				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAG	.C (ID#:)		Amount of Contribution (\$)	
	03/14/2025	Ellis, Rebecca				\$3.00
		Contributor address; City; State; Zip Code				
	Dringingless	Austin, TX 78721	Francisco (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	IS)		
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	02/28/2025	Emmick, Christopher				\$4.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	03/14/2025	Emmick, Christopher				\$4.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Medic		City of Austin			

2 F	The Instruc	ction Guide explains how to complete th	is forms	1 Total pages Schedule A1:
4 [	FILER NAME		iis torm.	Sch: 41/152 Rpt: 44/157
4 [	Δuctin Travic	County Emergency Medical Services Employe	a PAC	3 Filer ID (Ethics Commission Filers) 00053202
(	Austin Travis County Emergency Medical Services Employee PAC  Date 5 Full name of contributor		7 Amount of Contribution (\$)	
	02/28/2025	Ender, Daniel  6 Contributor address; City; State; Zip Code		\$3.30
	Dringing con	Austin, TX 78721	6 Employer (Con Instructions	
	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
	Date	Full name of contributor  ut-of-state PAC (	ID#:)	Amount of Contribution (\$)
(	03/14/2025			\$3.30
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
<u> </u>	Medic		City of Austin	
	Date	Full name of contributor  ut-of-state PAC (	(ID#:)	Amount of Contribution (\$)
(	02/28/2025	Engstrom, Justin		\$1.50
		Contributor address; City; State; Zip Code		
	Dringing con	Austin, TX 78721	Employer (Coo Instructions	
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
	Date	Full name of contributor  ut-of-state PAC (	TID#:)	Amount of Contribution (\$)
(	03/14/2025	Engstrom, Justin		\$1.50
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Medic		City of Austin	
	Date	Full name of contributor  ut-of-state PAC (	[ID#:)	Amount of Contribution (\$)
(	02/28/2025	Ermentraut, Diana		\$3.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
1	Medic		City of Austin	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/152 Rpt: 45/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Falder, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Falder, William Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Ferguson, John Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Ferguson, John Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/152 Rpt: 46/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Ferguson, Thomas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation / vob title (see instructions)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Fernandez, Eric Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Fernandez, Eric  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Figueroa, Joshua  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 44/152 Rpt: 47/157	
2	FILER NAME	s County Emergency Medical Services Employ	vee BAC	3	Filer ID (Ethics Commission 00053202	Filers)
_				╄		
4	Date 03/14/2025	5 Full name of contributor out-of-state PAC Figueroa, Joshua		<b> </b> 7	Amount of Contribution (\$)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction: City of Austin	s)		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	02/28/2025	Finch, Walter				\$1.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	03/14/2025	Finch, Walter				\$1.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Medic		City of Austin			
	Date	Full name of contributor  out-of-state PAC	C (ID#:)	Т	Amount of Contribution (\$)	
	02/28/2025	Fitzpatrick, Bryan				\$5.00
				1		
		, , , ,				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC	C (ID#: )	Τ	Amount of Contribution (\$)	
	03/14/2025	Fitzpatrick, Bryan			.,	\$5.00
		Contributor address; City; State; Zip Code		1		
		, , , , , , , , , , , , , , , , , , ,				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Medic		City of Austin			
_						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 45/152 Rpt: 48/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Flanagan, Rilie  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Flanagan, Rilie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	, , ,	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Flores, Raul Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Flores, Raul Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Flores, Robert  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	WONLI	ARY POLITICAL CONTRI	IBOTIONS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this form.	1	Total pages Schedule A1: Sch: 46/152 Rpt: 49/157	
2	FILER NAME	E vis County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date	<del></del>	tte PAC (ID#:)	7	Amount of Contribution (\$)	
	03/14/2025	Flores, Robert	,		(+)	\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instruction     City of Austin	ons)		
	Date	Full name of contributor  ut-of-star	tte PAC (ID#:)		Amount of Contribution (\$)	
	02/28/2025	Flores, Tiana				\$3.00
		Contributor address; City; State; Zip Code	e			
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ons)		
	Date	_	te PAC (ID#:)		Amount of Contribution (\$)	
	03/14/2025	Flores, Tiana				\$3.00
		Contributor address; City; State; Zip Code  Austin, TX 78721	5			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	nne)		
	Medic			113)		
	Modio		City of Austin	7113)		
	Date	Full name of contributor  ut-of-star			Amount of Contribution (\$)	
		Fuentes, Timothy	City of Austin		Amount of Contribution (\$)	\$2.00
	Date	Fuentes, Timothy	City of Austin		Amount of Contribution (\$)	\$2.00
	Date	Fuentes, Timothy	City of Austin		Amount of Contribution (\$)	\$2.00
	Date 02/28/2025	Fuentes, Timothy  Contributor address; City; State; Zip Code	e Employer (See Instruction		Amount of Contribution (\$)	\$2.00
	Date 02/28/2025	Fuentes, Timothy  Contributor address; City; State; Zip Code  Austin, TX 78721	City of Austin  te PAC (ID#:)  e		Amount of Contribution (\$)	\$2.00
	Date 02/28/2025  Principal occup Medic Date	Fuentes, Timothy  Contributor address; City; State; Zip Code  Austin, TX 78721  pation / Job title (See Instructions)  Full name of contributor out-of-star	e Employer (See Instruction		Amount of Contribution (\$)  Amount of Contribution (\$)	
	Date 02/28/2025  Principal occu Medic	Fuentes, Timothy  Contributor address; City; State; Zip Code  Austin, TX 78721  pation / Job title (See Instructions)  Full name of contributor	Employer (See Instruction City of Austin			\$2.00
	Date 02/28/2025  Principal occup Medic Date	Fuentes, Timothy  Contributor address; City; State; Zip Code  Austin, TX 78721  pation / Job title (See Instructions)  Full name of contributor out-of-star	Employer (See Instruction City of Austin			
	Date 02/28/2025  Principal occup Medic Date	Fuentes, Timothy  Contributor address; City; State; Zip Code  Austin, TX 78721  pation / Job title (See Instructions)  Full name of contributor	Employer (See Instruction City of Austin			
	Date 02/28/2025  Principal occup Medic  Date 03/14/2025	Fuentes, Timothy  Contributor address; City; State; Zip Code  Austin, TX 78721  pation / Job title (See Instructions)  Full name of contributor	Employer (See Instruction City of Austin	nns)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 47/152 Rpt: 50/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Gallio, Riane  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Gallio, Riane  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	7		
	Medic	pation 7 vob title (eee mondelions)	City of Austin	')		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Galloway, Rose Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Galloway, Rose Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Garcia, Bianca  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/152 Rpt: 51/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Devin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Devin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Gardner, Dale Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Gardner, Dale Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/152 Rpt: 52/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Garrett, Christina</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Garrett, Christina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Gastelum, Aaron Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Gastelum, Aaron Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Godinez, Allyson Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/152 Rpt: 53/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Godinez, Allyson  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Gold, Mora Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Gold, Mora Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Gonzales - Dick, Alyssa Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Gonzales - Dick, Alyssa Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 51/152 Rpt: 54/157	
2	FILER NAME	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date	5 Full name of contributor  out-of-state PAC (ID#		7	Amount of Contribution (\$)	
•	02/28/2025	Gordon, Jennifer		ľ	γ πισαπι στ σσιπισαποι (ψ)	\$1.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	03/14/2025	Gordon, Jennifer				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721	<b>.</b>			
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>		Amount of Contribution (\$)	
	02/28/2025	Gowe, Kathleen				\$3.00
		Contributor address; City; State; Zip Code				
	Dringing occur	Austin, TX 78721	Employer (See Instructions	<u></u>		
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	40.00
	03/14/2025					\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	02/28/2025	Gregson, Jordan				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		<u> </u>
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 52/152 Rpt: 55/157	
2	FILER NAME			3	Filer ID (Ethics Commission 00053202	Filers)
_		austin Travis County Emergency Medical Services Employee PAC		<del> </del>		
4	Date 03/14/2025			7	Amount of Contribution (\$)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction: City of Austin	ıs)		
	Date	Full name of contributor  ut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/28/2025	Griffin, Bradley				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	03/14/2025	Griffin, Bradley				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721		<u> </u>		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction: City of Austin	ıs) 		
	Date	Full name of contributor  uut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/28/2025	Griffith, Kimberly				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	03/14/2025	Griffith, Kimberly				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/152 Rpt: 56/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Grijalva, Corey  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Grijalva, Corey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	) 		
	Medic	pation 7 sob title (see instructions)	City of Austin	')		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Groenloh, Jodie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Groenloh, Jodie Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Guevara, Daniel Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/152 Rpt: 57/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	Full name of contributor	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hadas, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 300 title (See Instructions)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hadas, Brian Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hadden, Justin Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hadden, Justin Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/152 Rpt: 58/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Haggarty, Timothy  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Haggarty, Timothy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 cos title (ecc metadotoris)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hair, Nathan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Hair, Nathan  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hairston, Christopher  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/152 Rpt: 59/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hanes, Rodney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	panent cos and (cos men actions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hanes, Rodney Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hanks, Kaden  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hanks, Kaden  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/152 Rpt: 60/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hargrave, Jeffrey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Harner, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Harner, Kevin Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 58/152 Rpt: 61/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	_			
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Hugo Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Hugo Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

TX 78721 title (See Instructions)  ne of contributor  ut-of-state PAC (III	9 Employer (See Instruction of Austin  Employer (See Instruction of Austin City of Austin	00053202  7 Amount of Cor  tions)  Amount of Cor	Rpt: 62/157 ics Commission Filers) ntribution (\$) \$3.00
ne of contributor out-of-state PAC (II ndez Arias, Alejandra utor address; City; State; Zip Code  TX 78721 title (See Instructions)  ne of contributor out-of-state PAC (II ndez Arias, Alejandra utor address; City; State; Zip Code  TX 78721 title (See Instructions)	9 Employer (See Instruction City of Austin  D#:  Employer (See Instruction City of Austin	00053202  7 Amount of Cor  tions)  Amount of Cor	ntribution (\$) \$3.00
ne of contributor out-of-state PAC (II ndez Arias, Alejandra utor address; City; State; Zip Code  TX 78721 title (See Instructions)  ne of contributor out-of-state PAC (II ndez Arias, Alejandra utor address; City; State; Zip Code  TX 78721 title (See Instructions)	9 Employer (See Instruction City of Austin  D#:  Employer (See Instruction City of Austin	7 Amount of Cor	\$3.00
title (See Instructions)  ne of contributor	City of Austin  D#:  Employer (See Instruction City of Austin	) Amount of Cor	
ne of contributor out-of-state PAC (III ndez Arias, Alejandra utor address; City; State; Zip Code  TX 78721 title (See Instructions)	City of Austin  D#:  Employer (See Instruction City of Austin	) Amount of Cor	
ndez Arias, Alejandra utor address; City; State; Zip Code  TX 78721 title (See Instructions)  ne of contributor  ut-of-state PAC (III	Employer (See Instruc City of Austin		
title (See Instructions)  ne of contributor	City of Austin	tions)	
	D#:		
ndez Garza, Vanessa utor address; City; State; Zip Code		) Amount of Cor	ntribution (\$) \$3.00
TX 78721			
title (See Instructions)	Employer (See Instruc	ctions)	
utor address; City; State; Zip Code	D#:	) Amount of Cor	ntribution (\$) \$3.00
	Employer (See Instruc	etions)	
a, Caroline utor address; City; State; Zip Code		) Amount of Cor	ntribution (\$) \$3.00
		tions)	
	TX 78721 title (See Instructions)  ne of contributor	title (See Instructions)  Employer (See Instructions)  City of Austin  ne of contributor out-of-state PAC (ID#:	title (See Instructions)  Employer (See Instructions)  City of Austin  Amount of Core  a, Caroline  utor address; City; State; Zip Code  TX 78721  title (See Instructions)  Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/152 Rpt: 63/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Herrera, Caroline  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hicks, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	parent vos are (eee meraere)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hicks, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Hilaire, Cedrick  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hilaire, Cedrick Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 61/152 Rpt: 64/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hindman, Justin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic		City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hindman, Shelby Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<b>(</b> )		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Hindman, Shelby  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Holland, Travis  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 62/152 Rpt: 65/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Holland, Travis  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hoppe, Christine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hoppe, Christine Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Howell, Joseph Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Howell, Joseph Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONEI	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 63/152 Rpt: 66/157
	FILER NAME Austin Travis	s County Emergency Medical Services Employ	vee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>	C (ID#:)	7 Amount of Contribution (\$) \$10.0
		Austin, TX 78721		
	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	is)
	Date 03/14/2025	Full name of contributor out-of-state PAG Huitt, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)	Amount of Contribution (\$) \$10.0
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	as)
	Date 02/28/2025	Full name of contributor out-of-state PAC Jackson, Bryan Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$3.0
		Austin, TX 78721		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)
	Date 03/14/2025	Full name of contributor out-of-state PAG Jackson, Bryan Contributor address; City; State; Zip Code  Austin, TX 78721	C (ID#:)	Amount of Contribution (\$)
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ls)
	Date 02/28/2025	Full name of contributor out-of-state PAG Jacobsen, Patrick Contributor address; City; State; Zip Code Austin, TX 78721		Amount of Contribution (\$)
		pation / Job title (See Instructions)	Employer (See Instruction	

2 FILER NAME Austin Travis C 4 Date 03/14/2025 6 8 Principal occupat Medic Date 02/28/2025	on Guide explains how to complete this formal county Emergency Medical Services Employee PAFull name of contributor	9 Employer (See Instructions City of Austin	<ul> <li>Total pages Schedule A1: Sch: 64/152 Rpt: 67/157</li> <li>Filer ID (Ethics Commission F 00053202</li> <li>Amount of Contribution (\$)</li> </ul>	
Austin Travis C  4 Date 03/14/2025 6  8 Principal occupat Medic  Date 02/28/2025  Principal occupat Medic  Date Date 02/28/2025	Full name of contributor	Employer (See Instructions     City of Austin	7 Amount of Contribution (\$)	
4 Date 03/14/2025  8 Principal occupat Medic  Date 02/28/2025  Principal occupat Medic  Date Date	Full name of contributor	Employer (See Instructions     City of Austin	7 Amount of Contribution (\$)	\$2.50
Medic  Date 02/28/2025  Principal occupat Medic  Date	tion / Job title (See Instructions)  Full name of contributor	City of Austin	)	
Date 02/28/2025  Principal occupat Medic  Date	Full name of contributor	City of Austin	)	
O2/28/2025  Principal occupat Medic  Date	Jakubauskas, Eric			
Medic Date	Austin, TX 78721		Amount of Contribution (\$)	\$2.50
Date	tion / Job title (See Instructions)	Employer (See Instructions	)	
		City of Austin		
	Full name of contributor out-of-state PAC (ID#:_ Jakubauskas, Eric Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2.50
	Austin, TX 78721			
Principal occupat Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	)	
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ James, Jonathan Contributor address; City; State; Zip Code  Austin, TX 78721		Amount of Contribution (\$)	\$3.00
Principal occupat Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	)	
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_James, Jonathan  Contributor address; City; State; Zip Code  Austin, TX 78721		Amount of Contribution (\$)	\$3.00
Principal occupat  Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 65/152 Rpt: 68/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Jensen, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Jensen, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Jimenez, Noah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Jimenez, Noah Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Jimenez Unzueta, Marco Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 66/152 Rpt: 69/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Jimenez Unzueta, Marco  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Jinadasa, Sampath Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Jinadasa, Sampath Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	action Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 67/152 Rpt: 70/157
2 FILER NAME Δustin Travis	s County Emergency Medical Services Employee F		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID# Johnson, Andy	:)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	
Date 03/14/2025	Full name of contributor out-of-state PAC (ID# Johnson, Andy  Contributor address; City; State; Zip Code	:	Amount of Contribution (\$) \$5.00
Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#  Johnson-Franklin, Ashley  Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date 03/14/2025	Full name of contributor out-of-state PAC (ID# Johnson-Franklin, Ashley  Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$3.00
Dringing Loop	Austin, TX 78721	Employer (Coo Instructions)	<u> </u>
Medic Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)
Date 02/28/2025	Full name of contributor out-of-state PAC (ID# Kahlon, Jewanjot  Contributor address; City; State; Zip Code  Austin, TX 78721	:)	Amount of Contribution (\$) \$3.00
Dringinal agg	upation / Job title (See Instructions)	Employer (See Instructions)	)

2 FILER NAME Austin Travis C 4 Date 03/14/2025 6	county Emergency Medical Services Employee P.  Full name of contributor	9 Employer (See Instructions City of Austin	1 Total pages Schedule A1: Sch: 68/152 Rpt: 71/157  3 Filer ID (Ethics Commission Filers) 00053202  7 Amount of Contribution (\$) \$3.00  Amount of Contribution (\$) \$1.40
4 Date 03/14/2025 6  8 Principal occupa Medic Date	Full name of contributor	9 Employer (See Instructions City of Austin	7 Amount of Contribution (\$) \$3.00  Amount of Contribution (\$)
4 Date 03/14/2025 6  8 Principal occupa Medic Date	Full name of contributor	9 Employer (See Instructions City of Austin	7 Amount of Contribution (\$) \$3.00
Medic Date	tion / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Kalinowski, Jonathan	City of Austin	Amount of Contribution (\$)
Medic Date	Full name of contributor	City of Austin	Amount of Contribution (\$)
	Kalinowski, Jonathan	_	
	Auctin TV 70701		
Principal occupa	Austin, TX 78721 tion / Job title (See Instructions)	Employer (See Instructions	<u> </u> 
Medic		City of Austin	
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Kalinowski, Jonathan  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$1.40
	Austin, TX 78721		
Principal occupa Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Kaminowitz, Robert  Contributor address; City; State; Zip Code  Austin, TX 78721		Amount of Contribution (\$) \$3.00
Principal occupa Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: Kaminowitz, Robert  Contributor address; City; State; Zip Code  Austin, TX 78721		Amount of Contribution (\$) \$3.00
Principal occupa Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	S)

MONET	TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
The Instru	iction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 69/152 Rpt: 72/157
2 FILER NAME	E is County Emergency Medical Services Employe	aa PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
4 Date 02/28/2025	Full name of contributor	(ID#:)	7 Amount of Contribution (\$) \$1.00
	Austin, TX 78721	1	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date 03/14/2025	Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$1.00
Principal occı	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 
Medic		City of Austin	
Date 02/28/2025	Full name of contributor out-of-state PAC ( Keef, Sean  Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 03/14/2025	Full name of contributor out-of-state PAC ( Keef, Sean  Contributor address; City; State; Zip Code  Austin, TX 78721	(ID#:)	Amount of Contribution (\$) \$3.00
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 02/28/2025	Full name of contributor out-of-state PAC (Kelly, Nolan  Contributor address; City; State; Zip Code  Austin, TX 78721	(ID#:)	Amount of Contribution (\$) \$5.27
	upation / Job title (See Instructions)	Employer (See Instructions	1

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/152 Rpt: 73/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Kelly, Nolan</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$5.27
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Kendall, Jacob  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (occ mondetions)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Kendall, Jacob Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Ketelsen, Ian Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Ketelsen, Ian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 71/152 Rpt: 74/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Kimble, Alena  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Kimble, Alena  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation / cos title (cos metadolone)	City of Austin			
	Date 02/28/2025	Full name of contributor	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Kingsbury, Dillon Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

2 FILER NAME Austin Travis 4 Date 03/14/2025	tion Guide explains how to complete this for County Emergency Medical Services Employee P  Full name of contributor	9 Employer (See Instructions City of Austin	1 Total pages Schedule A1: Sch: 72/152 Rpt: 75/157 3 Filer ID (Ethics Commission Fi 00053202 7 Amount of Contribution (\$)	
Austin Travis  4 Date 03/14/2025  8 Principal occup Medic Date	Full name of contributor out-of-state PAC (ID#: Kirmanidis, Andre  Contributor address; City; State; Zip Code  Austin, TX 78721  ation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Knauer, Andrew	9 Employer (See Instructions City of Austin	7 Amount of Contribution (\$)	
4 Date 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Full name of contributor out-of-state PAC (ID#: Kirmanidis, Andre  Contributor address; City; State; Zip Code  Austin, TX 78721  ation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#: Knauer, Andrew	9 Employer (See Instructions City of Austin	7 Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin		
Medic Date	Full name of contributor	City of Austin		
	Knauer, Andrew	)	Amount of Contribution (\$)	
	Austin, TX 78721			\$3.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	ds)	
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: Knauer, Andrew  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00
	Austin, TX 78721			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	IS)	
Date 02/28/2025 	Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00
Principal occup	Austin, TX 78721 ation / Job title (See Instructions)	Employer (See Instructions	ls)	
Medic	,	City of Austin	,	
Date 03/14/2025 	Full name of contributor out-of-state PAC (ID#: Knight, Aaron  Contributor address; City; State; Zip Code  Austin, TX 78721	)	Amount of Contribution (\$)	\$3.00
Principal occup Medic	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	IS)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 73/152 Rpt: 76/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Koch, James  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Koch, James  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 cos title (cos metadotorio)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Koller, Joel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Koller, Joel  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Koller, Steven  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 74/152 Rpt: 77/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Koller, Steven  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kownacki, Benjamin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 cos title (ecc metadotoris)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Kownacki, Benjamin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kraemer, Ashley Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Kraemer, Ashley Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 75/152 Rpt: 78/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Krampitz, Casey  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Krampitz, Casey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (occ instructions)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kraus, Stephen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Kraus, Stephen  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Krycia, Noah Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 76/152 Rpt: 79/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kurtze, Benedict Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Kurtze, Benedict Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Lamoureux, Nicholas  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Lamoureux, Nicholas  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 77/152 Rpt: 80/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Lancaster, Eric  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Lancaster, Eric Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ LeFan, Rebecca Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_LeFan, Rebecca  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Leib, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 78/152 Rpt: 81/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Leibin, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Leibin, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Lesley, Brian  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Lesley, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 79/152 Rpt: 82/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	Full name of contributor		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Lester, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing aggr	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Leyva, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Leyva, Andrew  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Li, Chenhao Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	ustion Cuide combains have to complete this			
2 FILER NAMI	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 80/152 Rpt: 83/157	
	Eris County Emergency Medical Services Employee P	'AC	3 Filer ID (Ethics Commission File 00053202	rs)
4 Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	\$3.00
	Austin, TX 78721	_		
8 Principal occ Medic	cupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)	
Date 02/28/2025			Amount of Contribution (\$)	\$1.00
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions City of Austin	)	
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: Lidster, Matthew Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1.00
	Austin, TX 78721			
Principal occ Medic	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin	)	
Date 02/28/2025	Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00
Principal occ	Austin, TX 78721  cupation / Job title (See Instructions)	Employer (See Instructions	)	
Medic		City of Austin		
Date 03/14/2025	1	)	Amount of Contribution (\$)	\$3.00
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions City of Austin	)	

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 81/152 Rpt: 84/157	
2	FILER NAME	s County Emergency Medical Services Employee F	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID# Lines, Bradley  6 Contributor address; City; State; Zip Code	<i>t</i> )	7	Amount of Contribution (\$)	\$4.50
_	<u> </u>	Austin, TX 78721	<b>Ja</b> = 1 (0 1 1 1	Ĺ		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	S)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID# Lines, Bradley  Contributor address; City; State; Zip Code  Austin, TX 78721	#:)		Amount of Contribution (\$)	\$4.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic		City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID# Lopez, Cindy  Contributor address; City; State; Zip Code	<u>#)</u>	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID# Lopez, Cindy  Contributor address; City; State; Zip Code  Austin, TX 78721	<u>;                                    </u>		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID# Lopez, Lindsay  Contributor address; City; State; Zip Code  Austin, TX 78721	<u> </u>		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>l</u> s)		
		pation / Job title (See Instructions)				

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1	L
,	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 82/152 Rpt: 85/157	
	FILER NAME	County Emergency Medical Services Emple	ovoc PAC	3 Filer ID (Ethics Commission Filers) 00053202	)
		S County Emergency Medical Services Emplo			
	Date 03/14/2025	5 Full name of contributor out-of-state PA Lopez, Lindsay		7 Amount of Contribution (\$) \$3	3.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78721			
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction:     City of Austin	ons)	
	Date	Full name of contributor  ut-of-state PA	AC (ID#:)	Amount of Contribution (\$)	
	02/28/2025	Lopez, Ramon		\$3	3.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
	Medic		City of Austin		
	Date	Full name of contributor  ut-of-state PA	AC (ID#:)	Amount of Contribution (\$)	
	03/14/2025	Lopez, Ramon		\$3	3.00
		Contributor address; City; State; Zip Code			
	Dringing coor	Austin, TX 78721	Employer (See Instruction	one)	
	Medic	pation / Job title (See Instructions)	Employer (See Instruction: City of Austin	ліз)	
	Date	Full name of contributor  ut-of-state PA	AC (ID#:)	Amount of Contribution (\$)	
	02/28/2025	Lydon, Cassandra		\$1	L.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
	Medic		City of Austin		
	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)	
	03/14/2025	Lydon, Cassandra		\$1	L.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
	Medic		City of Austin		

	MONEI	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A	1
	The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 83/152 Rpt: 86/157	
2	FILER NAME	Occupto Farance and Madical Comition Farance and	240	3 Filer ID (Ethics Commission Filers	3)
		S County Emergency Medical Services Employee I		00053202	
4	Date 02/28/2025	<ul> <li>5 Full name of contributor  uut-of-state PAC (ID# Malgieri, Anthony</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$	3.00
		Austin, TX 78721			
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	ls)	
•	Medic	paner, our and (coe mendanore)	City of Austin	,	
_	Date	Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)	Amount of Contribution (\$)	
	03/14/2025	Malgieri, Anthony		\$	3.00
		Contributor address; City; State; Zip Code		"	
		Austin, TX 78721	T =	<u> </u>	
		pation / Job title (See Instructions)	Employer (See Instructions	ns)	
_	Medic		City of Austin		
	Date	Full name of contributor  ut-of-state PAC (ID#	<i>‡</i> :)	Amount of Contribution (\$)	4 00
	02/28/2025	Mallon, Paul			1.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Medic		City of Austin		
_	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
	03/14/2025	Mallon, Paul		\$	1.00
		Contributor address; City; State; Zip Code		"	
		Augstin TV 70704			
_	Dringing Loon	Austin, TX 78721	Employer (Coo Instructions		
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	15)	
_		Full pages of contributor		Account of Contribution (b)	
	Date 02/28/2025	Full name of contributor  out-of-state PAC (ID#  Malone, Jordan	<u>;</u> :)	Amount of Contribution (\$)	3.00
	02/20/2023				3.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	ns)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 84/152 Rpt: 87/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Malone, Jordan</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions</li><li>City of Austin</li></ul>	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Mancias, Vivian  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Mancias, Vivian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Denise  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Denise  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 85/152 Rpt: 88/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_Martin, Emily 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Martin, Emily  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Noah Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Noah Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Martinez, Henry  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 86/152 Rpt: 89/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Martinez, Henry  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Mason, Bryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Mason, Bryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Maxwell, Aaron Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Maxwell, Aaron Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 87/152 Rpt: 90/157	
2	FILER NAME	s County Emergency Medical Services Employe	oo DAC	3	Filer ID (Ethics Commission 00053202	Filers)
_				Ļ		
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC May, Meghan		'	Amount of Contribution (\$)	\$1.27
		6 Contributor address; City; State; Zip Code				
_		Austin, TX 78721		Ţ		
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instruction: City of Austin	s)		
	Date	Full name of contributor  ut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	03/14/2025	May, Meghan				\$1.27
		Contributor address; City; State; Zip Code		1		
		Aughin TV 70701				
	Data da al acces	Austin, TX 78721	Frankrian (O. a. In atmostica	<u> </u>		
	Medic	pation / Job title (See Instructions)	Employer (See Instruction: City of Austin	S)		
				_		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	40.00
	02/28/2025	McClelland, Sterling				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	03/14/2025	McClelland, Sterling				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin TV 70721				
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	c) 		
	Medic	pation / Job title (See Instructions)	City of Austin	3)		
				_	A ( O ') ' (th)	
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	<b>ቀ</b> ስ Eስ
	02/28/2025	McDaniel, Michael				\$9.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Medic	, ,	City of Austin	,		
_			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 88/152 Rpt: 91/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ McDaniel, Michael  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ McGarry, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ McGarry, Kenneth Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ McIntire, Morgan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_McIntire, Morgan  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 89/152 Rpt: 92/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ McLaughlin, Kathleen  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Kathleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ McNiff, Katie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ McNiff, Katie Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Mead, Catrina Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 90/152 Rpt: 93/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Mead, Catrina</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Medina, Jonathan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	Medic	pation / cos title (cos metadotorio)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Medina, Jonathan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Megally, Maureen  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Megally, Maureen  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 91/152 Rpt: 94/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Mendez, Corey  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Mendez, Corey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing aggr	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Mestaz, Thomas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Mestaz, Thomas  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Metzger, Austin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 92/152 Rpt: 95/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Metzger, Austin  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Meyer, Brett Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Meyer, Brett Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Michaelson, Rebecca  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Michaelson, Rebecca  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 93/152 Rpt: 96/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Miller, Matthew  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Miller, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Mireles, Guadalupe Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Mireles, Guadalupe Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Molina, Israel Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUT	IIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete th	iis form.	1 Total pages Schedule A1: Sch: 94/152 Rpt: 97/157
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC	3 Filer ID (Ethics Commission Filers) 00053202
4	Date 03/14/2025	5 Full name of contributor	(ID#:)	7 Amount of Contribution (\$) \$3.00
		Austin, TX 78721		
8	Principal occu <sub>l</sub> Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)
	Date 02/28/2025	Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> ;)
	Date 03/14/2025	Full name of contributor out-of-state PAC ( Molinelli, Nicholas  Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.00
	Deinsinal	Austin, TX 78721	Fundamen (Octobration	
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Dat	Date 02/28/2025	Full name of contributor out-of-state PAC ( Monson, Nancy  Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$1.00
		Austin, TX 78721		
	Principal occu <sub>l</sub> Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<b>(</b> )
	Date 03/14/2025	Full name of contributor out-of-state PAC ( Monson, Nancy Contributor address; City; State; Zip Code  Austin, TX 78721	(ID#:)	Amount of Contribution (\$) \$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:)

MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 95/152 Rpt: 98/157
2 FILER NAME Austin Travis	s County Emergency Medical Services Employee I	PAC:	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 02/28/2025	5   Full name of contributor   Out-of-state PAC (ID# Montes, Angelica     6   Contributor address; City; State; Zip Code	#:)	7 Amount of Contribution (\$) \$3.00
9 Principal coor	Austin, TX 78721	Employer (See Instructions	
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date 03/14/2025	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$3.00
Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic	,	City of Austin	,
Date 02/28/2025	Full name of contributor out-of-state PAC (ID# Moore, Alexander  Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 03/14/2025	Full name of contributor out-of-state PAC (ID# Moore, Alexander  Contributor address; City; State; Zip Code  Austin, TX 78721	#:) 	Amount of Contribution (\$) \$3.00
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	I S)
Date 02/28/2025	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	I 5)
	Austin, TX 78721 upation / Job title (See Instructions)		5)

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE	A1
,	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 96/152 Rpt: 99/157	
	FILER NAME	s County Emergency Medical Services Employee	A PAC	3	Filer ID (Ethics Commission 00053202	Filers)
	Date	5 Full name of contributor out-of-state PAC (IE		17	Amount of Contribution (\$)	
	03/14/2025	Moore, Garrett		<u> </u>	Amount of Continuation (4)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	s)		
	Date	Full name of contributor  uut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	02/28/2025	Morris, Kyle				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor  ut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	03/14/2025					\$3.00
		Contributor address; City; State; Zip Code  Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	e) 		
	Medic	pation / sob title (see instructions)	City of Austin	3)		
	Date	Full name of contributor	D#:)		Amount of Contribution (\$)	
	02/28/2025					\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor  uut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	03/14/2025	Morrison, Timothy		.]		\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 97/152 Rpt: 100/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Morton, Rebecca</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Morton, Rebecca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Muniz, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Muniz, Brian  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Nalty, Michael Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 98/152 Rpt: 101/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Nance, Megan  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Nance, Megan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (occ mondetions)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Nelson, William Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

MONE	TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
The Insti	ruction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 99/152 Rpt: 102/157
2 FILER NAM	IE vis County Emergency Medical Services Employ	vee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 03/14/202	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
8 Principal od Medic	cupation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	s)
Date 02/28/202		C (ID#:)	Amount of Contribution (\$)
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruction City of Austin	s)
Date 03/14/202	Full name of contributor  out-of-state PAG Niemann, Bradley Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$3.00
Driveinel	Austin, TX 78721	Franks var (Caa kastu vation	
Medic Medic	cupation / Job title (See Instructions)	Employer (See Instruction City of Austin	S)
Date 02/28/202		C (ID#:)	Amount of Contribution (\$)
Principal or	Austin, TX 78721 cupation / Job title (See Instructions)	Employer (See Instruction	s)
Medic	capation, oob title (eee instructions)	City of Austin	<b>5</b> )
Date 03/14/202	Full name of contributor out-of-state PAG  Niswender, Kellie  Contributor address; City; State; Zip Code  Austin, TX 78721	C (ID#:)	Amount of Contribution (\$)
5: : .	cupation / Job title (See Instructions)	Employer (See Instruction	s)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 100/152 Rpt: 103/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Noak, Darren  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Noak, Darren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Noble, Keith Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Noble, Keith Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Noftle, Rachel Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIB	SUTIONS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete	e this form.	- 1	Total pages Schedule A1: Sch: 101/152 Rpt: 104/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Empl	lovee PAC	- 1	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>	PAC (ID#:)	_	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	ns)		
	Date 02/28/2025	Full name of contributor out-of-state P Olivarez, Dominique Contributor address; City; State; Zip Code  Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 03/14/2025	Full name of contributor out-of-state P Olivarez, Dominique Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 02/28/2025	Full name of contributor out-of-state P Olivo, Nicholas Contributor address; City; State; Zip Code  Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 03/14/2025	Full name of contributor out-of-state P Olivo, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 102/152 Rpt: 105/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Orr, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (occ mondetions)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Owens, Ashley Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 103/152 Rpt: 106/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	Full name of contributor	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Pailes, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	<i>)</i>		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Pailes, Kenneth Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Palmer, Jacob  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Palmer, Jacob  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 104/152 Rpt: 107/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Parker, Christine  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Parker, Christine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Patterson, Roger Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Patterson, Roger Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Penner, Andre  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 105/152 Rpt: 108/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission   00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Perry, Sean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Perry, Sean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Phillips, Heather  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Phillips, Heather  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 106/152 Rpt: 109/157	
2	FILER NAME Austin Travis	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Phillips, Kyle</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Phillips, Kyle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	Medic	pation 7 oob title (occ mondellons)	City of Austin	')		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Pizzonia, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Pizzonia, Alexander  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Plewacki, Thomas  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 107/152 Rpt: 110/157	
2	FILER NAME Austin Travis	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Posada, Gabriel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Posada, Gabriel Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Poss, Lauren  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Poss, Lauren Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 108/152 Rpt: 111/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Powell-Evans, Simon  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Powell-Evans, Simon  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	, ,	City of Austin	•		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Powers, Kristy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Powers, Kristy  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Price, Amber  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONT	TRIBUTIONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 109/152 Rpt: 112/157	
2	FILER NAME Austin Travis	s County Emergency Medical Service:	s Employee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025		of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instruction City of Austin</li></ul>	ns)		
	Date 02/28/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	Of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 03/14/2025	Full name of contributor out-one of contributor out-one of contributor out-one	of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 02/28/2025	Puckett, James  Contributor address; City; State; Zip (	of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$2.30
	'	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Medic		City of Austin	_	A ( O 'I' (A)	
	Date 03/14/2025	Puckett, James  Contributor address; City; State; Zip (	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.30
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 110/152 Rpt: 113/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Pursley, Shaun</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	paner, cos ano (cos menastro)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Quiroz Mendez, Jesus Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Quiroz Mendez, Jesus  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Radcliffe, James  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 111/152 Rpt: 114/157	,
2	FILER NAME Austin Travis	vis County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#:_Radcliffe, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rafferty, Zachary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$13.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rafferty, Zachary Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$13.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Ramos, Duane  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Ramos, Duane Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 112/152 Rpt: 115/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Nathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.50
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Rebecca Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Rebecca Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Rattan, MaKena  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 113/152 Rpt: 116/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rawn, Madison Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rawn, Madison Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Reader, Robert Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Reader, Robert Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 114/152 Rpt: 117/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Redd, Kevin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Redd, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob tillo (coo motidotono)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Reilly, Susanna  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 115/152 Rpt: 118/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Reilly, Susanna  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Remus, Hannah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Remus, Hannah Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 116/152 Rpt: 119/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Rice, Larry  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rice, Larry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Richter, Lauren Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Risinger, Russell  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 117/152 Rpt: 120/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Risinger, Russell  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Ristine, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Ristine, William Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Rivera, Nathaniel  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rivera, Nathaniel Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 118/152 Rpt: 121/157	
2	FILER NAME Austin Travis	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Robbins, Joseph  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Robbins, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (occ mondetions)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rodgers, Jared Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 119/152 Rpt: 122/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	Full name of contributor		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Andrew Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	panent cos and (cos menassions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Andrew Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Giovanni  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Giovanni Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 120/152 Rpt: 123/157	
2	FILER NAME Austin Travis	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Roe, Lillian  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Roe, Lillian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing aggr	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Darren Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Darren Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Wesley Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

2 FILER NAME Austin Travis 4 Date 03/14/2025	tion Guide explains how to complete this  County Emergency Medical Services Employee I  Full name of contributor out-of-state PAC (ID#	form.	1	Total pages Schedule A1:	
4 Date 9	5 Full name of contributor out-of-state PAC (ID#			Sch: 121/152 Rpt: 124/157	
4 Date 9 03/14/2025	5 Full name of contributor out-of-state PAC (ID#			Filer ID (Ethics Commission 00053202	Filers)
	Rogers, Wesley  6 Contributor address; City; State; Zip Code	#)	₩	Amount of Contribution (\$)	\$5.00
	Austin, TX 78721	1			
8 Principal occupa Medic	ation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
Date 02/28/2025 	Full name of contributor out-of-state PAC (ID#Romo, Jodeci Contributor address; City; State; Zip Code  Austin, TX 78721	<u>;                                    </u>		Amount of Contribution (\$)	\$3.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>I</u> S)		
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#Romo, Jodeci Contributor address; City; State; Zip Code	#)		Amount of Contribution (\$)	\$3.00
	Austin, TX 78721				
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
Date 02/28/2025 	Contributor address; City; State; Zip Code	<u>;                                    </u>		Amount of Contribution (\$)	\$2.50
Principal occup	Austin, TX 78721 ation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			
Date 03/14/2025	Full name of contributor out-of-state PAC (ID# Rose, Donald Contributor address; City; State; Zip Code  Austin, TX 78721	<u>;                                    </u>		Amount of Contribution (\$)	\$2.50
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>I</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 122/152 Rpt: 125/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Rutledge, Lindsey  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Rutledge, Lindsey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Salmeron, Alejandro Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Salmeron, Alejandro  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 123/152 Rpt: 126/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Sandoval Ruano, Edward  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Santiago, Sabrina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Santiago, Sabrina Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Scaglione, Daniel  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Scaglione, Daniel Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 124/152 Rpt: 127/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Scamman, Alexis  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Scamman, Alexis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Schulz, Douglas Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Schulz, Douglas  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Schutt, Kyle  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 125/152 Rpt: 128/157	
2	FILER NAME Austin Travis	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Schutt, Kyle</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Scott, Austin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Scott, Austin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Sedillo, Gabriel  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Sedillo, Gabriel Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 126/152 Rpt: 129/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>5 Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Sircher, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Sklar, Estelle Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Sklar, Estelle  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	he Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 127/152 Rpt: 130/157	
2	FILER NAME Austin Travis	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Sletten, Spencer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	paner, cos ano (cos menastro)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Sletten, Spencer Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Anthony  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Anthony  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 128/152 Rpt: 131/157	
2	FILER NAME Austin Travis	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Smith, Ashlyn  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	i)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Ashlyn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Soto, Karina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic		City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Soto, Karina  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Stec, Ryan  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 129/152 Rpt: 132/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Stedman, Christina  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Stedman, Christina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Stephens, Eric Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Stephens, Eric Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Stevens, Mitchell Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 130/152 Rpt: 133/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Stevens, Mitchell  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Stowe, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Stowe, Richard Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Stubbs, Brian Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Stubbs, Brian Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 131/152 Rpt: 134/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Swanner, Emily  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Swanner, Emily  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic		City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Tait, Grant Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 132/152 Rpt: 135/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Tarrillion, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin	•)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Tarrillion, Matthew Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Tekamp, Austin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Tekamp, Austin  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 133/152 Rpt: 136/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (oce monucions)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Patrick Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Patrick Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Thompson, Garner Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 134/152 Rpt: 137/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Thornton, Nichole Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / vob title (see instructions)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Sarah Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Sarah Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 135/152 Rpt: 138/157	,
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Todd, Joshua Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 cos title (cos metadotorio)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Tompkins, Hannah Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Tompkins, Hannah Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Toole, Garrett  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 136/152 Rpt: 139/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Toole, Kaytlyn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	paner, cos ano (cos menastro)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Toole, Kaytlyn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Torres, Gil Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Torres, Gil Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 137/152 Rpt: 140/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Torrez, Ernest</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Tran, Si Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Tran, Si Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Traxel, Joshua Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

Austin, TX 78721  Principal occupation / Job title (See Instructions) Medic  Date Full name of contributor out-of-state PA 03/14/2025 Trojanowski, Mark  Contributor address; City; State; Zip Code  Austin, TX 78721  Principal occupation / Job title (See Instructions) Medic  Date Full name of contributor out-of-state PA 02/28/2025 Trujillo, Hope	yee PAC C (ID#:	3 Filer ID (E 00053202	152 Rpt: 141/157 Ethics Commission Filers)
Austin Travis County Emergency Medical Services Emplo  4 Date	9 Employer (See Instruction of Austin City of Austin Employer (See Instruction of Austin City of Austin City of Austin City of Austin	00053202  7 Amount of 0  uctions)  Amount of 0	Contribution (\$) \$3.00  Contribution (\$) \$3.00  Contribution (\$)
4 Date 03/14/2025	9 Employer (See Instruction of Austin City of Austin Employer (See Instruction of Austin City of Austin City of Austin City of Austin	T Amount of (	Contribution (\$) \$3.00  Contribution (\$) \$3.00  Contribution (\$)
B Principal occupation / Job title (See Instructions) Medic  Date	City of Austin  C (ID#:  Employer (See Instite City of Austin	Amount of (	\$3.00 Contribution (\$)
Date   Full name of contributor   out-of-state PA	City of Austin  C (ID#:  Employer (See Instite City of Austin	Amount of (	\$3.00 Contribution (\$)
O2/28/2025 Trojanowski, Mark  Contributor address; City; State; Zip Code  Austin, TX 78721  Principal occupation / Job title (See Instructions)  Medic  Date Full name of contributor out-of-state PA  Trojanowski, Mark  Contributor address; City; State; Zip Code  Austin, TX 78721  Principal occupation / Job title (See Instructions)  Medic  Date Full name of contributor out-of-state PA  02/28/2025 Trujillo, Hope	Employer (See Insti City of Austin	uctions)	\$3.00 Contribution (\$)
Principal occupation / Job title (See Instructions)  Medic  Date	City of Austin	· · · · · · · · · · · · · · · · · · ·	
Date   Full name of contributor   out-of-state PA	· ·	Amount of (	
Principal occupation / Job title (See Instructions)  Medic  Date Full name of contributor out-of-state PA  02/28/2025 Trujillo, Hope			
Date Full name of contributor out-of-state PA 02/28/2025 Trujillo, Hope	<del></del>		
02/28/2025 Trujillo, Hope	Employer (See Insti City of Austin	uctions)	
	C (ID#:	) Amount of (	Contribution (\$) \$3.00
Austin, TX 78721  Principal occupation / Job title (See Instructions)	Employer (See Insti	uctions)	
Medic	City of Austin	· · · · · · · · · · · · · · · · · · ·	
Date  Full name of contributor  O3/14/2025  Trujillo, Hope  Contributor address; City; State; Zip Code  Austin, TX 78721	C (ID#:	) Amount of (	Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)  Medic	Employer (See Instr	uctions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 139/152 Rpt: 142/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Van Treese, Taylor Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ VanZandt, Donovan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ VanZandt, Donovan Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Vargas, Eric Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

The Instruction Guide explains how to complete this form.  Sch: 140  FillER NAME Austin Travis County Emergency Medical Services Employee PAC  Date O3/14/2025  Full name of contributor Austin, TX 78721  Principal occupation / Job title (See Instructions) Medic  Date O2/28/2025  Principal occupation / Job title (See Instructions) Medic  Date O3/14/2025  Full name of contributor O2/28/2025  Principal occupation / Job title (See Instructions) Medic  Date O3/14/2025  Principal occupation / Job title (See Instructions) Medic  Date O3/14/2025  Full name of contributor O4-state PAC (ID#: O4-of-state PAC (ID#: O4-of-state PAC (ID#: O5		MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
Austin, TX 78721  Principal occupation / Job title (See Instructions) Medic  Date 03/14/2025  Principal occupation / Job title (See Instructions) Medic  Date 03/14/2025  Principal occupation / Job title (See Instructions) Medic  Date 03/14/2025  Principal occupation / Job title (See Instructions) Medic  Date 03/14/2025  Principal occupation / Job title (See Instructions) Medic  Date 03/14/2025  Principal occupation / Job title (See Instructions) Medic  Date 03/14/2025  Principal occupation / Job title (See Instructions) Medic  Date 03/14/2025  Principal occupation / Job title (See Instructions) Medic  Date 03/14/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Austin, TX 78721  Principal occupation / Job title (See Instructions) Medic  Date 04/28/2025  Austin, TX 78721  Principal occupation / Job title (See Instructions) Amount of Oxidation    Date 04/28/2025  Austin, TX 78721  Principal occupation / Job title (See Instructions) Amount of Oxidation    Date 04/28/2025  Principal occupation / Job title (See Instructions) Amount of Oxidation    Date 04/28/2025  Austin    Date 04/28/2025		The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 140/152 Rpt: 143/157	
4 Date 03/14/2025			S County Emergency Medical Services Employee P	AC	3	Filer ID (Ethics Commission 00053202	Filers)
Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)   City of Austin   Amount of Job title (See Instructions)   Amount of Job title (See Instructions)   Employer (See Instructions)   City of Austin   Amount of Job title (See Instructions)   Employer (See Instructions)   City of Austin   Amount of Job title (See Instructions)   Employer (See Instructions)   Amount of Job title (See Instructions)   Employer (See Instructions)   Employ	4	Date	5 Full name of contributor out-of-state PAC (ID#:_Vargas, Eric	)	7	Amount of Contribution (\$)	\$3.00
Date   O2/28/2025   Full name of contributor   Out-of-state PAC (ID#:	_				_		
O2/28/2025			pation / Job title (See Instructions)		s)		
Principal occupation / Job title (See Instructions)  Medic  Date  O3/14/2025  Paul name of contributor  Veasna, Renayuddh  Contributor address; City; State; Zip Code  Austin, TX 78721  Principal occupation / Job title (See Instructions)  Medic  Date  Full name of contributor  O2/28/2025  Vega, Aldo  Contributor address; City; State; Zip Code  Austin, TX 78721  Principal occupation / Job title (See Instructions)  Medic  Employer (See Instructions)  City of Austin  Amount of Contributor address; City; State; Zip Code  Austin, TX 78721  Principal occupation / Job title (See Instructions)  Medic  Employer (See Instructions)  City of Austin  Amount of City of Austin  Date  Full name of contributor  O3/14/2025  Vega, Aldo  Amount of O3/14/2025  Vega, Aldo			Veasna, Renayuddh  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
Date   Full name of contributor   out-of-state PAC (ID#:		Principal occu			<u> </u> s)		
O3/14/2025		Medic		City of Austin			
Principal occupation / Job title (See Instructions)  Medic  Date  O2/28/2025  Vega, Aldo  Contributor address; City; State; Zip Code  Austin, TX 78721  Principal occupation / Job title (See Instructions)  Medic  Date  Full name of contributor  O3/14/2025  Vega, Aldo  Out-of-state PAC (ID#:			Veasna, Renayuddh	)	•	Amount of Contribution (\$)	\$3.00
Medic  Date   Full name of contributor   out-of-state PAC (ID#:			Austin, TX 78721				
O2/28/2025 Vega, Aldo  Contributor address; City; State; Zip Code  Austin, TX 78721  Principal occupation / Job title (See Instructions) Medic  Date Full name of contributor out-of-state PAC (ID#:)  Amount o 03/14/2025 Vega, Aldo			pation / Job title (See Instructions)		5)		
Medic City of Austin  Date Full name of contributor out-of-state PAC (ID#:) Amount out-of-state PAC (ID#:)			Vega, Aldo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
03/14/2025 Vega, Aldo			pation / Job title (See Instructions)	1 ' ' '	<u>1</u> S)		
Contributor address; City; State; Zip Code  Austin, TX 78721			Vega, Aldo Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$3.00
Principal occupation / Job title (See Instructions)  Medic  Employer (See Instructions)  City of Austin					<u>1</u> S)		

The Ir			
	nstruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 141/152 Rpt: 144/157
2 FILER I	NAME Travis County Emergency Medical Services Employe		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 02/28/2	5 Full name of contributor  ut-of-state PAC (	(ID#:)	7 Amount of Contribution (\$) \$3.0
	Austin, TX 78721		
8 Principa Medic	al occupation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	)
Date 03/14/	• · · · · · · · · · · · · · · · · · · ·	(ID#:)	Amount of Contribution (\$) \$3.0
	al occupation / Job title (See Instructions)	Employer (See Instructions)	)
Medic Date	Full name of contributor  out-of-state PAC (	City of Austin	Amount of Contribution (\$)
02/28/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$3.0
	Austin, TX 78721		
Principa Medic	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date 03/14/2		(ID#:)	Amount of Contribution (\$) \$3.0
Principa Medic	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)
Date 02/28/:		(ID#:)	Amount of Contribution (\$) \$5.0
Principa Medic	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin	)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 142/152 Rpt: 145/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Wadham, Gary  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Walker, Ira Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (oce monucions)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Walker, Ira Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 143/152 Rpt: 146/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Warren, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Warren, William  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation / cos tale (eee metadatons)	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Way, Alexander Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Way, Alexander Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 144/152 Rpt: 147/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions)</li><li>City of Austin</li></ul>	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Weil, Skyler  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	.,	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Weil, Skyler Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Weldon, Tyler Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Weldon, Tyler Contributor address; City; State; Zip Code Austin, TX 78721	)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 145/152 Rpt: 148/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Welkley, Justin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Welkley, Justin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wesen, Hunter Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Wesen, Hunter Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Westby, Andrew Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 146/152 Rpt: 149/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	·	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ White, Anna Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ White, Anna Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 147/152 Rpt: 150/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ White, Stephen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,	City of Austin	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Whitman, Erin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Whitman, Erin Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wiggin, Stuart Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 148/152 Rpt: 151/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	pation 7 oob title (occ instructions)	City of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, David Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Williams, Dennis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Williams, Dennis  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 149/152 Rpt: 152/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Wilson, Sydney  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Wilson, Sydney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Winters, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Winters, John Contributor address; City; State; Zip Code  Austin, TX 78721	City of Austin		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wolber, Bailey Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 150/152 Rpt: 153/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Wolber, Bailey  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wright, Courtney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	.,	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Wright, Courtney Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wyche, Tyson Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Wyche, Tyson Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 151/152 Rpt: 154/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 02/28/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Xie, Selena</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions     City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Xie, Selena Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Yankiver, Lizabeth Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_Yankiver, Lizabeth  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Yarbrough, James  Contributor address; City; State; Zip Code  Austin, TX 78721			Amount of Contribution (\$)	\$4.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 152/152 Rpt: 155/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/14/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	<ul><li>9 Employer (See Instructions City of Austin</li></ul>	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Yasui, Benjamin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Medic	,	City of Austin	,		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Yasui, Benjamin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_deOliveira, Courtney  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_deOliveira, Courtney  Contributor address; City; State; Zip Code  Austin, TX 78721	)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)		

	LOANS					SCHEDULE	E
	The Instruction	on Guide explains how to complete	this form.		1	ges Schedule E: 1 Rpt: 156/157	
2	FILER NAME Austin Travis County Emergency Medical Services Employee P.				3 Filer ID 000532	(Ethics Commission File	ers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender out-of-s	state PAC (ID#		)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City; S	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)	<b>13</b> E	mployer (See Instruction	s)		
14	Description of Coll None	ateral	<b>15</b> C	heck if personal funds w	ere deposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed	(\$)
	not applicable	18 Guarantor address; City; S		Zip Code			
20	Principal occupation	on	<b>21</b> E	mployer (See Instruction	s)	<u> </u>	
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## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 157/157	Austin Travis County Emergency Medical Services	00053202
4 Date	5 Payee name	
02/28/2025	City of Austin - EMS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$38.10	15 Waller Street	
Expenditure from corporate funds	Austin, TX 78702	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payroll deduction fee
		•
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		
Date	Payee name	
03/14/2025	City of Austin - EMS	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.90	15 Waller Street	
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payroll deduction fee
		.,
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		