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) 233 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 05/03/2025 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 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2025 04/25/2025

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin Travis County E	Emergency Medical Serv	rices Employee PAC	0005320	2
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,375.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	113.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	101,413.09
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation requir	accompanying report is ed to be reported by me
		Ms. Se	lena Xie	
		Signature of Car	npaign Treas	surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, th	is the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of of	ficer administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

				3 of 233
17 COMMITTA	EE NAME avis County Emergency Medical Services Employee PAC	18 Filer ID 00053202	(Ethics Cor	nmission Filers)
19 SCHEDUI NAME OF	SUBT	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,375.95
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	113.80
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/228 Rpt: 4/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Abdelhadi, Leila 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Abdelhadi, Leila 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 (See mondellons)	City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Abdelhadi, Leila 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Abernathy, Kayla Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Abernathy, Kayla Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/228 Rpt: 5/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Ackland, Georgia 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Adcock, Brandon 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Adcock, Brandon Contributor address; City; State; 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Adcock, Brandon Contributor address; City; State; 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	ction Guide explains how to complete this	form	1 Total pages Schedule A1:
Austin Travis 4 Date			Sch: 3/228 Rpt: 6/233
4 Date	County Emergency Medical Services Employee P	AC.	3 Filer ID (Ethics Commission Filers) 00053202
	 Full name of contributor)	7 Amount of Contribution (\$) \$2.50
2.5:	Austin, TX 78721	In = 1 (0 1 ; ;;	
8 Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)
Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Aguilar, Ricardo Contributor address; City; State; Zip Code Austin, TX 78721		Amount of Contribution (\$) \$2.50
	pation / Job title (See Instructions)	Employer (See Instructions) (3)
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)
04/25/2025	Aguilar, Ricardo Contributor address; City; State; Zip Code		\$2.50
	Austin, TX 78721		
Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 03/28/2025	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 occup Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 04/11/2025	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 occup Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin) ()

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/228 Rpt: 7/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	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	patient cos alle (cos metadolone)	City of Austin	,		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Allen, Janel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Allen, Janel Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/228 Rpt: 8/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_Almaguer, Luis 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Almaguer, Luis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 oos tale (eee mondotone)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Almodovar, Alejandra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Almodovar, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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)		

			SCHEDULE A1
The Inst	ruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 6/228 Rpt: 9/233
2 FILER NAM	ME Ivis County Emergency Medical Services Employe	e PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 03/28/202	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$1.00
<u> </u>	Austin, TX 78721		
8 Principal of Medic	ccupation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin)
Date 04/11/202	· ·	ID#:)	Amount of Contribution (\$) \$1.00
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions)
Medic		City of Austin	
Date 04/25/202	Full name of contributor out-of-state PAC (I Anderson, Scott Contributor address; City; State; Zip Code	ID#:)	Amount of Contribution (\$) \$1.00
	Austin, TX 78721		
Principal od Medic	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 03/28/202		ID#:)	Amount of Contribution (\$) \$3.00
Principal od Medic	ccupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 04/11/202	Full name of contributor out-of-state PAC (I Anthon, McKenna Contributor address; City; State; Zip Code Austin, TX 78721	ID#:)	Amount of Contribution (\$) \$3.00
Principal o	ccupation / 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: 7/228 Rpt: 10/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Anthon, McKenna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	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	pation 7 oob title (oce monucions)	City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Armas, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Armas, David Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/228 Rpt: 11/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Armstrong, Charles 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Armstrong, Charles Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Arocha-Guerra, Val Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Arocha-Guerra, Val Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/228 Rpt: 12/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 5 Full name of contributor out-of-state PAC (ID#:_Aubin, Scott 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721	_			
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 04/11/2025	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	<u> </u>		
	Medic		City of Austin			
	Date 04/25/2025	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	i)		
	Date 03/28/2025	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 04/11/2025	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: 10/228 Rpt: 13/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Aune, Joseph 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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	pation 7 oob title (occ instructions)	City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Avila, America Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Avila, America Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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	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: 11/228 Rpt: 14/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_Azelton, Andrew 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Azelton, Andrew 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 7 300 title (See Instructions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Azuara Mendez, Elvia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.27
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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)		
	Date 04/25/2025	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: 12/228 Rpt: 15/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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 04/11/2025	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 oob title (oce monucions)	City of Austin			
	Date 04/25/2025	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 03/28/2025	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 04/11/2025	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: 13/228 Rpt: 16/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Bailey, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bailey, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Bailey, 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Bailey, 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Alexander Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/228 Rpt: 17/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Baker, Alexander 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, Alexander Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, Amanda 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 04/11/2025	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)		
	Date 04/25/2025	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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/228 Rpt: 18/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Baker, Coty 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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		City of Austin			
	Date 04/25/2025	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 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Travis Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/228 Rpt: 19/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_Baker, Travis 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 (occ mondetions)	City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Balboa, Adam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Balboa, Adam Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/228 Rpt: 20/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Barch-Chandler, Travis 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Barch-Chandler, Travis 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 (ese metastions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Barnhart, Jennifer Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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)		
	Date 04/25/2025	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)		

The In	struction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 18/228 Rpt: 21/233
2 FILER N	AME ravis County Emergency Medical Services Employe		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 03/28/2	5 Full name of contributor ut-of-state PAC ((ID#:)	7 Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
8 Principal Medic	occupation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin)
Date 04/11/2	•	(ID#:)	Amount of Contribution (\$) \$3.00
Principal Medic	occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Date 04/25/2	Full name of contributor out-of-state PAC (Bauhs, Isabel Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal Medic	occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Date 03/28/2		(ID#:)	Amount of Contribution (\$) \$10.00
	Austin, TX 78721		
Principal Medic	occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Date 04/11/2	Full name of contributor out-of-state PAC (Beaver, Camille Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)	Amount of Contribution (\$) \$10.00
Principal Medic	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: 19/228 Rpt: 22/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Beaver, Camille 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Deignigal	Austin, TX 78721	O Frankrian (Con Instructions			
8	Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Bell, Jory 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Bell, Jory 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 04/25/2025	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
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bernal, Erica Contributor address; City; State; 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: 20/228 Rpt: 23/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Bernal, Erica 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Black, Jessica 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Black, Jessica Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Black, Jessica Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/228 Rpt: 24/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_Blais, Braden 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 04/11/2025	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 oob title (occ mondellons)	City of Austin	')		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Blais, Braden 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 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Blume, Michael Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/228 Rpt: 25/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_Blume, Michael 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, William 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Bockewitz, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CON	TRIBUTIONS	SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form.	1 Total pages Schedule A1: Sch: 23/228 Rpt: 26/233	
2	FILER NAME Austin Travis	s County Emergency Medical Servic	es Employee PAC	3 Filer ID (Ethics Commission Fi 00053202	lers)
4	Date 04/11/2025		r-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction: City of Austin	ns)	
	Date 04/25/2025	Full name of contributor out Bostrom, Shanna Contributor address; City; State; Zip Austin, TX 78721	o Code	Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction: City of Austin	ns)	
	Date 03/28/2025	Full name of contributor out Braunstein, Spencer Contributor address; City; State; Zip	o Code	Amount of Contribution (\$)	\$10.00
		Austin, TX 78721			
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction: City of Austin	ns)	
	Date 04/11/2025	Braunstein, Spencer Contributor address; City; State; Zip	of-state PAC (ID#:) Code	Amount of Contribution (\$)	\$10.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction: City of Austin	ns)	
		Full name of contributor out		Amount of Contribution (\$)	
	Date 04/25/2025	Braunstein, Spencer Contributor address; City; State; Zip	-of-state PAC (ID#:) D Code		\$10.00
	Principal occu	Austin, TX 78721 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: 24/228 Rpt: 27/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Brazelton, Reese 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 04/11/2025	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 cos title (cos metadotorio)	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Brazelton, Reese Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 04/11/2025	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 CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/228 Rpt: 28/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Brindley, Jordan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Broadbent, Kolby 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Broadbent, Kolby 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Broadbent, Kolby Contributor address; City; State; 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Brown, 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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/228 Rpt: 29/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Brown, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / vob title (see instructions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Brown, Johnathan 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Brown, Johnathan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Brown, Johnathan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/228 Rpt: 30/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Brunson, Savannah 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 cos title (cos metadotorio)	City of Austin	,		
	Date 04/25/2025	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 03/28/2025	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 04/11/2025	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: 28/228 Rpt: 31/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Bumpus, Ross 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 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Burgoyne, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Burgoyne, James Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/228 Rpt: 32/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Bynum, Gillian 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Bynum, Gillian 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cabrera, Ryan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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)		
	Date 04/25/2025	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: 30/228 Rpt: 33/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Cain, Christopher 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Cain, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Familia var (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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 03/28/2025	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 04/11/2025	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)		

	MONEI	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 31/228 Rpt: 34/233
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	e PAC	3 Filer ID (Ethics Commission Filers) 00053202
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (I Calderon, Audrey		7 Amount of Contribution (\$) \$0.27
		Austin, TX 78721		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)
	Date 03/28/2025	Full name of contributor out-of-state PAC (I Cantonis, Carl Contributor address; City; State; Zip Code Austin, TX 78721	D#:)	Amount of Contribution (\$) \$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	[S
	Date 04/11/2025	Full name of contributor out-of-state PAC (I Cantonis, Carl Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$3.00
		Austin, TX 78721		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)
	Date 04/25/2025	Contributor address; City; State; Zip Code	D#:)	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 03/28/2025	Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/228 Rpt: 35/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Cantu, Micah 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Cantu, Micah 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 coo and (coo men actions)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Carter, Emma 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 04/11/2025	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)		
	Date 04/25/2025	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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/228 Rpt: 36/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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	5)		
	Date 04/11/2025	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 04/25/2025	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	i)		
	Date 03/28/2025	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 04/11/2025	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	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/228 Rpt: 37/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Celani, Anthony Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Celani, Anthony 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Celani, Anthony Contributor address; City; State; 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cendejas, Jacqueline Contributor address; City; State; 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: 35/228 Rpt: 38/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Cendejas, Jacqueline 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Charboneau, Christian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Charboneau, 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)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Charboneau, 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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/228 Rpt: 39/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_Chavez, Erin 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin 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 oos tale (eee mondotone)	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Chavez, 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cheeks, Shedrick 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Cheeks, Shedrick 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: 37/228 Rpt: 40/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Chhabra, Ranjit 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Chhabra, Ranjit 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/228 Rpt: 41/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cisneros, Kevin 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Cisneros, Kevin 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Clark, Rajiv Contributor address; City; State; 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: 39/228 Rpt: 42/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Clark, Rajiv 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 04/25/2025	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	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Clark, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	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 CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 40/228 Rpt: 43/233	
2	FILER NAME			3	Filer ID (Ethics Commission 00053202	Filers)
_		s County Emergency Medical Services Employe		╄		
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC Clarkson, Diana		<u> </u> ′	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 out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/11/2025	Clarkson, Diana				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u> S)		
	Medic	paner, ces and (eee mendene)	City of Austin	,		
	Date	Full name of contributor out-of-state PAC	(ID#:)	T	Amount of Contribution (\$)	
	04/25/2025	Clarkson, Diana			(*)	\$3.00
		Contributor address; City; State; Zip Code		1		
		Augstin TV 70704				
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	nc)		
	Medic	pation / 300 title (3ee instructions)	City of Austin	15)		
	Date	Full name of contributor		\overline{T}	Amount of Contribution (\$)	
	03/28/2025	Cluskey, Francis	, (ID#)		Amount of Continuation (4)	\$2.50
				-		7=.50
		, , , , , , , , , , , , , , , , , , ,				
		Austin, TX 78721		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Medic		City of Austin	_		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	ቀጋ ፫ር
	04/11/2025					\$2.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Medic		City of Austin			
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/228 Rpt: 44/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cochnauer, Raymond 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Cochnauer, Raymond 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Cole, Jason Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/228 Rpt: 45/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Cole, Jason 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Cole, Jason 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Coleman, 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Coleman, 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Coleman, 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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/228 Rpt: 46/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Cooper, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occur	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Cooper, Matthew Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/228 Rpt: 47/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Cornwall, Angela 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Costantino, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Costantino, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Crock, Clairissa Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 45/228 Rpt: 48/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Crock, Clairissa 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 04/25/2025	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 vob title (eee mondelions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Crouch, Jordan 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 04/11/2025	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 04/25/2025	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	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/228 Rpt: 49/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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 04/11/2025	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 vob title (eee mondelions)	City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Crouch, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 04/11/2025	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)		

MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 47/228 Rpt: 50/233
2 FILER NAME	s County Emergency Medical Services Employee	D PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 04/25/2025			7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
03/28/2025	Cullens, Malik		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
04/11/2025	Cullens, Malik		\$3.00
	Contributor address; City; State; Zip Code		
Dringing agg	Austin, TX 78721	Employer (See Instructions	
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
04/25/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
03/28/2025	Cummings, Daniel		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
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: 48/228 Rpt: 51/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Damron, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.27
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/228 Rpt: 52/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#: Dantas, Felipe 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 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/228 Rpt: 53/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing aggr	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Davis, 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ DeLong, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 51/228 Rpt: 54/233
2 FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date	5 Full name of contributor ut-of-state PAC (IE		7 Amount of Contribution (\$)
04/11/2025	DeLong, Jonathan		\$3.0
	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 (IE	D#:)	Amount of Contribution (\$)
04/25/2025	DeLong, Jonathan		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
03/28/2025	Dean-Masse, Dustin		\$3.0
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
04/11/2025	Dean-Masse, Dustin		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
04/25/2025	Dean-Masse, Dustin		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Wedle		Oity of Austiff	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/228 Rpt: 55/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah 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 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/228 Rpt: 56/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Dionizio, James 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Dringing con	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/228 Rpt: 57/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 sob title (see instructions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Duran, Bryan 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 04/11/2025	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 04/25/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/228 Rpt: 58/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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)		
	Date 04/11/2025	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)		
	Medic	pation 7 cos title (ecc metadotoris)	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Durham, David 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/228 Rpt: 59/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Edmonson, Savanna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Eeten, John Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/228 Rpt: 60/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Eeten, John 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 vob title (eee mondelions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Efe Aluebhosele, Onome Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 58/228 Rpt: 61/233	
2	FILER NAME	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
1	Date	5 Full name of contributor ut-of-state PAC (ID:		-	Amount of Contribution (\$)	
-	03/28/2025	Eguia, Eduardo		ļ′ 	Amount of Contribution (4)	\$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	s)		
	Date	Full name of contributor ut-of-state PAC (ID:	#:)		Amount of Contribution (\$)	
	04/11/2025	Eguia, Eduardo				\$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 ut-of-state PAC (ID:	#:)		Amount of Contribution (\$)	
	04/25/2025	Eguia, Eduardo				\$1.00
		Contributor address; City; State; Zip Code				
	Dringing coou	Austin, TX 78721	Employer (See Instructions	2) 		
	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 (\$)	
	03/28/2025					\$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 out-of-state PAC (ID:	#:)		Amount of Contribution (\$)	
	04/11/2025	Elbel, Amber				\$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			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/228 Rpt: 62/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 Full name of contributor out-of-state PAC (ID#:_ Elbel, Amber 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Elizardo, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	, , , , , , , , , , , , , , , , , , , ,	City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Elizardo, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Ellis, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/228 Rpt: 63/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_Ellis, Rebecca 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 InstructionsCity of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Ellis, Rebecca 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$4.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Emmick, Christopher 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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 61/228 Rpt: 64/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.30
		Austin, TX 78721	_			
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.30
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Ender, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Engstrom, Justin Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin		Amount of Contribution (\$)	\$1.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Engstrom, Justin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 62/228 Rpt: 65/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	Full name of contributor		7	Amount of Contribution (\$)	\$1.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Ermentraut, Diana 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Ermentraut, Diana 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Ermentraut, Diana Contributor address; City; State; 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Falder, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/228 Rpt: 66/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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 04/25/2025	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 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Ferguson, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	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)		

2 FILER NA Austin Tr 4 Date 03/28/202	avis County Emergency Medical Services Employ 5 Full name of contributor out-of-state PAG Ferguson, Thomas	yee PAC	 Total pages Schedule A1: Sch: 64/228 Rpt: 67/233 Filer ID (Ethics Commission File 00053202 Amount of Contribution (\$) 	
4 Date 03/28/202	avis County Emergency Medical Services Employ 5 Full name of contributor out-of-state PAG Ferguson, Thomas	C (ID#:)	00053202	
4 Date 03/28/202	5 Full name of contributor out-of-state PAG Ferguson, Thomas	C (ID#:)		rs)
				\$1.30
	Austin, TX 78721	Secretaria (Contrastruction		
	ccupation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	IS)	
Date 04/11/202	Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	\$1.30
Principal o	Austin, TX 78721 ccupation / Job title (See Instructions)	Employer (See Instruction City of Austin	ls)	
Date 04/25/202	Full name of contributor out-of-state PAG Ferguson, Thomas Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	\$1.30
	Austin, TX 78721			
Principal o Medic	ccupation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)	
Date 03/28/202		C (ID#:)	Amount of Contribution (\$)	\$3.00
Deingingle	Austin, TX 78721	Frankrijer (Coo kostrijski		
Medic	ccupation / Job title (See Instructions)	Employer (See Instruction City of Austin	is)	
Date 04/11/202	Full name of contributor out-of-state PAG Fernandez, Eric Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)	Amount of Contribution (\$)	\$3.00
Principal o Medic	ccupation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)	

2 FILER NAME Austin Travis C 4 Date 5 04/25/2025	ion Guide explains how to complete this County Emergency Medical Services Employee P Full name of contributor		1	Total pages Schedule A1: Sch: 65/228 Rpt: 68/233	
Austin Travis C 4 Date 5 04/25/2025	Full name of contributor ut-of-state PAC (ID#:		_	3CH. 03/220 Kpt. 00/233	
4 Date 5 04/25/2025	Full name of contributor ut-of-state PAC (ID#:	is County Emergency Medical Services Employee PAC		Filer ID (Ethics Commission 00053202	Filers)
	Contributor address; City; State; Zip Code)	—	Amount of Contribution (\$)	\$3.00
	Austin, TX 78721	Ja = 1 (2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8 Principal occupation Medic	tion / Job title (See Instructions)	9 Employer (See Instructions City of Austin	S)		
Date 03/28/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Austin, TX 78721 tion / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			
Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Figueroa, Joshua Contributor address; City; State; Zip Code		<i>'</i>	Amount of Contribution (\$)	\$3.00
	Austin, TX 78721				
Principal occupat Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
Date 04/25/2025	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 occupat Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		
Date	Full name of contributor		Τ /	Amount of Contribution (\$)	
03/28/2025	Finch, Walter				\$1.00
	Austin, TX 78721				
Principal occupation Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 66/228 Rpt: 69/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID#:_ Finch, Walter 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 InstructionsCity of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Finch, Walter 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 (occ instructions)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Fitzpatrick, Bryan 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Fitzpatrick, Bryan 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Fitzpatrick, Bryan 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: 67/228 Rpt: 70/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 04/11/2025	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	pation 7 oob title (occ instructions)	City of Austin	')		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Flanagan, Rilie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/228 Rpt: 71/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 Full name of contributor out-of-state PAC (ID#:_ Flores, Raul Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Flores, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Flores, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Flores, Tiana Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 69/228 Rpt: 72/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID#:_ Flores, Tiana 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Flores, Tiana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinsinal assu	Austin, TX 78721	Fandayar (Caa Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Fuentes, Timothy Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Fuentes, Timothy Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/228 Rpt: 73/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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 04/11/2025	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)		
	Medic	,	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Gallio, Riane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 71/228 Rpt: 74/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Galloway, Rose 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Bianca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	paner, cos ano (cos menastro)	City of Austin	,		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Bianca 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Devin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

MONET	TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete th	his form.	1 Total pages Schedule A1: Sch: 72/228 Rpt: 75/233
2 FILER NAME		no BAC	3 Filer ID (Ethics Commission Filers) 00053202
	s County Emergency Medical Services Employe		
4 Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:) Garcia, Devin		7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of Contribution (\$)
04/25/2025	Garcia, Devin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
03/28/2025	Gardner, Dale		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
04/11/2025	Gardner, Dale		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic 		City of Austin	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
04/25/2025	Gardner, Dale		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>l</u>
Medic	(230	City of Austin	,
		l	

	MONEI	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A	1
	The Instruc	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 73/228 Rpt: 76/233	
2	FILER NAME Austin Travis	County Emergency Medical Services Employ	/ee PAC	3 Filer ID (Ethics Commission Filers 00053202	s)
4		 Full name of contributor	C (ID#:)	7 Amount of Contribution (\$)	3.00
		Austin, TX 78721			
8	Principal occu _l Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	ns)	
	Date 04/11/2025	Full name of contributor out-of-state PAC Garrett, Christina Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)	Amount of Contribution (\$)	3.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)	
	Date 04/25/2025	Full name of contributor out-of-state PAC Garrett, Christina Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	3.00
		Austin, TX 78721			
	Principal occu _l Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)	
	Date 03/28/2025	Full name of contributor out-of-state PAC Gastelum, Aaron Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	31.00
		Austin, TX 78721			
	Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)	
	Date 04/11/2025	Full name of contributor out-of-state PAC Gastelum, Aaron Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)	Amount of Contribution (\$)	51.00
	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: 74/228 Rpt: 77/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Gastelum, Aaron 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Godinez, Allyson 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Godinez, Allyson 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 04/25/2025	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	()		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Gold, Mora Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<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: 75/228 Rpt: 78/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Gold, Mora 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 04/25/2025	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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Gonzales - Dick, Alyssa 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 04/11/2025	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 04/25/2025	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 f	orm.	1	Total pages Schedule A1: Sch: 76/228 Rpt: 79/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer 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 / vob title (see instructions)	City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Gowe, Kathleen Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Gowe, Kathleen Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 77/228 Rpt: 80/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Gowe, 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Gregson, Jordan 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Gregson, Jordan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Gregson, Jordan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Griffin, Bradley Contributor address; City; State; 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: 78/228 Rpt: 81/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Griffin, Bradley 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Griffin, Bradley 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Griffith, Kimberly 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Griffith, Kimberly 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Griffith, Kimberly 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: 79/228 Rpt: 82/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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 04/11/2025	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	panent cos and (cos menastro)	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Grijalva, Corey 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 80/228 Rpt: 83/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Groenloh, Jodie 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Guevara, Daniel 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Guevara, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hadas, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu 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: 81/228 Rpt: 84/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Hadas, Brian 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 04/25/2025	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	,	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hadden, Justin 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 04/11/2025	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 04/25/2025	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	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 82/228 Rpt: 85/233	
2	FILER NAME Austin Travis	LER NAME Istin Travis County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Haggarty, Timothy 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to comp	lete this form.	1 Total pages Schedule A1: Sch: 83/228 Rpt: 86/233
2	FILER NAME Austin Travis	s County Emergency Medical Services Er	mployee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4	Date 04/25/2025		ate PAC (ID#:)	7 Amount of Contribution (\$) \$2.0
		Austin, TX 78721		
8	Principal occu _l Medic	pation / Job title (See Instructions)	9 Employer (See Instructio City of Austin	ns)
	Date 03/28/2025	Hairston, Christopher Contributor address; City; State; Zip Cod	e	Amount of Contribution (\$) \$1.0
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructio	ins)
	Date 04/11/2025	Full name of contributor out-of-state Hairston, Christopher Contributor address; City; State; Zip Code	e	Amount of Contribution (\$) \$1.0
		Austin, TX 78721		
	Principal occu _l Medic	pation / Job title (See Instructions)	Employer (See Instructio City of Austin	ns)
	Date 04/25/2025	Hairston, Christopher	ate PAC (ID#:)	Amount of Contribution (\$) \$1.0
	Deinsinal	Austin, TX 78721	Franks ver (Ocea Instruction	
	Medic	pation / Job title (See Instructions)	Employer (See Instructio City of Austin	ns)
	Date 03/28/2025	Full name of contributor out-of-state Hanes, Rodney Contributor address; City; State; Zip Code Austin, TX 78721	tte PAC (ID#:)	Amount of Contribution (\$) \$5.0
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructio	ns)

	MONEI	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 84/228 Rpt: 87/233	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Austin Travis	County Emergency Medical Services E	Employee PAC			00053202	
4	Date 04/11/2025	Hanes, Rodney	ate PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	i)		
	Date 04/25/2025	Hanes, Rodney Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Delevieral	Austin, TX 78721		Faradana (Garadana)	_		
	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	·)		
	Date 03/28/2025	Full name of contributor out-of-st Hanks, Kaden Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		
	Date 04/11/2025	Full name of contributor out-of-st Hanks, Kaden Contributor address; City; State; Zip Cod Austin, TX 78721	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 04/25/2025	Full name of contributor out-of-st Hanks, Kaden Contributor address; City; State; Zip Cod Austin, TX 78721	ate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 85/228 Rpt: 88/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Hargrave, Jeffrey 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Hargrave, Jeffrey 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 03/28/2025	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 04/11/2025	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)		

			SCHEDULE A1
The Instru	uction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 86/228 Rpt: 89/233
2 FILER NAME Austin Trav	Eris County Emergency Medical Services Employee	e PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 04/25/2025	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$) \$2.50
	Austin, TX 78721	1	
8 Principal occ Medic	rupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)
Date 03/28/2025	•	D#:)	Amount of Contribution (\$) \$3.00
	supation / Job title (See Instructions)	Employer (See Instructions)
Medic		City of Austin	
Date 04/11/2025	Full name of contributor out-of-state PAC (IE Hawthorne, Cole Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal occ Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	
Date 04/25/2025	•	D#:)	Amount of Contribution (\$) \$3.00
Principal occ Medic	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 03/28/2025	Full name of contributor out-of-state PAC (IE Hellein, Jacob Contributor address; City; State; Zip Code Austin, TX 78721	D#:)	Amount of Contribution (\$) \$3.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions City of Austin)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 87/228 Rpt: 90/233	
2	FILER NAME Austin Travis	ME avis County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Hugo 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 04/11/2025	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 04/25/2025	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)		

MONE	TARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 88/228 Rpt: 91/233
2 FILER NAME Austin Trav	E is County Emergency Medical Services Employee F		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#	÷)	7 Amount of Contribution (\$) \$3.00
8 Principal occ	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions))
Medic	upation / 300 title (See instructions)	City of Austin)
Date 04/11/2025	Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$3.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Medic	,	City of Austin	,
Date 04/25/2025	Full name of contributor out-of-state PAC (ID# Hernandez Arias, Alejandra Contributor address; City; State; Zip Code	f:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal occ Medic	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date 03/28/2025		:)	Amount of Contribution (\$) \$3.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Date 04/11/2025	Full name of contributor out-of-state PAC (ID# Hernandez Garza, Vanessa Contributor address; City; State; Zip Code Austin, TX 78721		Amount of Contribution (\$) \$3.00
	upation / Job title (See Instructions)	Employer (See Instructions	<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: 89/228 Rpt: 92/233	
2	FILER NAME Austin Travis	NAME Travis County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Hernandez Garza, Vanessa 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Herrera, Caroline Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hicks, Matthew Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 90/228 Rpt: 93/233	
2	FILER NAME Austin Travis	R NAME n Travis County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Hicks, Matthew 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hilaire, Cedrick 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 04/11/2025	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 04/25/2025	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 CONTRIBUT	IIONS	SCHEDULE A	\1
	The Instruc	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 91/228 Rpt: 94/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC	3 Filer ID (Ethics Commission File 00053202	ers)
4	Date 03/28/2025	 Full name of contributor	ID#:)	7 Amount of Contribution (\$)	\$1.00
_		Austin, TX 78721	1		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	ns)	
	Date 04/11/2025	Full name of contributor out-of-state PAC (I Hindman, Justin Contributor address; City; State; Zip Code Austin, TX 78721	ID#:)	Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ns)	
	Date 04/25/2025	Full name of contributor out-of-state PAC (I Hindman, Justin Contributor address; City; State; Zip Code	ID#:)	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721			
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	ns)	
	Date 03/28/2025	Full name of contributor out-of-state PAC (I Hindman, Shelby Contributor address; City; State; Zip Code	ID#:)	Amount of Contribution (\$)	\$1.00
	Principal occur	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions		
	Medic	,	City of Austin	,	
	Date 04/11/2025	Full name of contributor out-of-state PAC (I Hindman, Shelby 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 City of Austin	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: 92/228 Rpt: 95/233	
2	FILER NAME Austin Travis	R NAME tin Travis County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Holland, Travis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 04/11/2025	Full name of contributor)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Hoppe, Christine Contributor address; City; State; 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: 93/228 Rpt: 96/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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 04/25/2025	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 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 300 title (See Instructions)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Howell, Joseph Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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)		
	Date 04/25/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 94/228 Rpt: 97/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	ı Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Huitt, Andrew 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Huitt, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Huitt, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Austin, TX 78721	Franksian (Cooksatiinatiina			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Jackson, Bryan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Jackson, Bryan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONEI	ARY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 95/228 Rpt: 98/233
2	FILER NAME Austin Travis	s County Emergency Medical Services Employ	ee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4		 5 Full name of contributor	(ID#:)	7 Amount of Contribution (\$) \$3.
_		Austin, TX 78721	<u> </u>	
8	Principal occup Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	ns)
	Date 03/28/2025	Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$2
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	ns)
	Medic		City of Austin	
	Date 04/11/2025	Full name of contributor	(ID#:)	Amount of Contribution (\$) \$2.
		Austin, TX 78721		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)
	Date 04/25/2025	Full name of contributor out-of-state PAC Jacobsen, Patrick Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)	Amount of Contribution (\$) \$2.
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)
	Date 03/28/2025	Full name of contributor out-of-state PAC Jakubauskas, Eric Contributor address; City; State; Zip Code Austin, TX 78721		Amount of Contribution (\$) \$2
	Dringing agou	pation / Job title (See Instructions)	Employer (See Instruction	ns)

		FIONS	SCHEDULE A1
The Instr	uction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 96/228 Rpt: 99/233
2 FILER NAM Austin Tra	E vis County Emergency Medical Services Employe	e PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 04/11/2029	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$2.50
	Austin, TX 78721		
8 Principal oc Medic	cupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date 04/25/2029		ID#:)	Amount of Contribution (\$) \$2.50
	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	
Date 03/28/2029	Full name of contributor out-of-state PAC (I James, Jonathan Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal oc Medic	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 04/11/202		D#:)	Amount of Contribution (\$) \$3.00
Principal oc Medic	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 04/25/2029	Full name of contributor out-of-state PAC (I James, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	ID#:)	Amount of Contribution (\$) \$3.00
Principal oc	cupation / 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: 97/228 Rpt: 100/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 5 Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Jensen, David 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Jensen, 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 98/228 Rpt: 101/233	
2	FILER NAME	s County Emergency Medical Services Employee I	PAC:	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date	5 Full name of contributor		7	Amount of Contribution (\$)	
•	04/25/2025	Jimenez, Noah	,		γ αποαπε στ σοπαποαποπ (ψ)	\$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 out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/28/2025	Jimenez Unzueta, Marco				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			
Date		Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	04/11/2025	Jimenez Unzueta, Marco				\$3.00
		Contributor address; City; State; Zip Code Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Medic	pation 7 300 title (See Instructions)	City of Austin	•)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	04/25/2025					\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/28/2025	Jinadasa, Sampath				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 99/228 Rpt: 102/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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 04/25/2025	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	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: Johns, Edward Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	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	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 100/228 Rpt: 103/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Johnson, Andy 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 04/11/2025	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#: Johnson, Andy 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, 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: 101/228 Rpt: 104/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 5 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kahlon, Jewanjot 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Kahlon, Jewanjot 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 04/25/2025	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
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kalinowski, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.40
	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: 102/228 Rpt: 105/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$1.40
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Kalinowski, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.40
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 oob title (occ mondetions)	City of Austin			
	Date 03/28/2025	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 04/11/2025	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 occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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 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: 103/228 Rpt: 106/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Kane, Mikel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	, ,	City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Kane, Mikel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Keef, Sean Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Keef, Sean Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 104/228 Rpt: 107/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Keef, Sean 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Kelly, Nolan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin			
	Date 04/11/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.27
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Kelly, Nolan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.27
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Kendall, Jacob Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 105/228 Rpt: 108/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID#:_Kendall, Jacob 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 04/25/2025	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	, , , , , , , , , , , , , , , , , , , ,	City of Austin			
	Date 03/28/2025	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 04/11/2025	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 04/25/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 106/228 Rpt: 109/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor out-of-state PAC (ID#:_ Kimble, Alena 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 04/11/2025	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	parent for the (coe mendere)	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Kimble, Alena 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 107/228 Rpt: 110/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Kingsbury, Dillon 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Kirmanidis, Andre Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Knauer, Andrew 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	TARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
The Instru	ection Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 108/228 Rpt: 111/233
2 FILER NAME Austin Travi	s County Emergency Medical Services Employee I	PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 04/11/2025	 Full name of contributor	<i>t</i> :)	7 Amount of Contribution (\$) \$3.00
O Deineinel con	Austin, TX 78721	O Familia var (Can Instructiona	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	6)
Date 04/25/2025	Full name of contributor out-of-state PAC (ID# Knauer, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	‡:)	Amount of Contribution (\$) \$3.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	2)
Medic		City of Austin	
Date 03/28/2025	Full name of contributor out-of-state PAC (ID# Knight, Aaron Contributor address; City; State; Zip Code	<u></u>)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 04/11/2025	Full name of contributor out-of-state PAC (ID# Knight, Aaron Contributor address; City; State; Zip Code Austin, TX 78721	<i>t</i> :)	Amount of Contribution (\$) \$3.00
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 04/25/2025	Full name of contributor out-of-state PAC (ID# Knight, Aaron Contributor address; City; State; Zip Code Austin, TX 78721	<u>+</u>	Amount of Contribution (\$) \$3.00
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)
			<u> </u>

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 109/228 Rpt: 112/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor out-of-state PAC (ID#:_ Koch, James 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 04/11/2025	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 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	,	City of Austin	•		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Koch, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 03/28/2025	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 04/11/2025	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	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 110/228 Rpt: 113/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 5 Full name of contributor out-of-state PAC (ID#:_ Koller, Joel 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Koller, Steven 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Koller, Steven 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Kownacki, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 111/228 Rpt: 114/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	Full name of contributor	#:)	7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721	1	L		
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID: Kownacki, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721	#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>I</u> S)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID: Kraemer, Ashley Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin	-,		
	Date 04/11/2025	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic		City of Austin			
	Date 04/25/2025	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	<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: 112/228 Rpt: 115/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Krampitz, Casey 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 03/28/2025	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 04/11/2025	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)		

2 FILER NAME Austin Travis 4 Date 04/25/2025	tion Guide explains how to complete this County Emergency Medical Services Employee P Full name of contributor out-of-state PAC (ID#: Kraus, Stephen			Total pages Schedule A1: Sch: 113/228 Rpt: 116/233	
4 Date 5 04/25/2025	Full name of contributor out-of-state PAC (ID#:	PAC	2	•	
4 Date 5 04/25/2025	Full name of contributor out-of-state PAC (ID#:			Filer ID (Ethics Commission 00053202	Filers)
	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
	Austin, TX 78721	1	L		
8 Principal occupa Medic	ation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	S)		
Date 03/28/2025 	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
	ation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
Medic Date	Full name of contributor	City of Austin	-	Amount of Contribution (\$)	
04/11/2025	Full name of contributor out-of-state PAC (ID#: Krycia, Noah Contributor address; City; State; Zip Code		•	Amount of Continbution (4)	\$3.00
	Austin, TX 78721				
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
Date 04/25/2025	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 occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>I</u> S)		
Date 03/28/2025 	Full name of contributor out-of-state PAC (ID#: Kurtze, Benedict Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u>l</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: 114/228 Rpt: 117/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Kurtze, Benedict 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Kurtze, Benedict Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin	•)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Lamoureux, Nicholas 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 04/11/2025	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 04/25/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 115/228 Rpt: 118/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Lancaster, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ LeFan, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 116/228 Rpt: 119/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ LeFan, Rebecca 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Leib, Benjamin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Drincinal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See instructions)	City of Austin	,		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Leib, 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 04/25/2025	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	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Leibin, Michael Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 117/228 Rpt: 120/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Leibin, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Lesley, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 118/228 Rpt: 121/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Lester, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Lester, Christopher 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 119/228 Rpt: 122/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Leyva, Andrew 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Li, Chenhao Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Li, Chenhao 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Lidster, Matthew 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: 120/228 Rpt: 123/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_Lidster, Matthew 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Lidster, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing aggr	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Lindsay, Ross 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Lindsay, Ross Contributor address; City; State; 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Lindsay, Ross Contributor address; City; State; 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: 121/228 Rpt: 124/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Lines, Bradley 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Lines, Bradley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Lines, Bradley 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Cindy Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Cindy Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 122/228 Rpt: 125/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Lindsay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Lindsay 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Lopez, Lindsay Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Lopez, Ramon Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 123/228 Rpt: 126/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Lopez, Ramon 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Ramon 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Lydon, Cassandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Lydon, Cassandra 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Lydon, Cassandra 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: 124/228 Rpt: 127/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Malgieri, Anthony 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Malgieri, Anthony 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Mallon, Paul 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Mallon, Paul 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	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 125/228 Rpt: 128/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_Mallon, Paul 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Malone, Jordan 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Malone, Jordan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Malone, Jordan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Mancias, Vivian Contributor address; City; State; 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: 126/228 Rpt: 129/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Mancias, Vivian 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 04/25/2025	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	pation 7 sob title (see instructions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Denise 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 04/11/2025	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 04/25/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 127/228 Rpt: 130/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Emily 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 128/228 Rpt: 131/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Martinez, Henry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Martinez, Henry 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Mason, Bryan 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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 129/228 Rpt: 132/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_Mason, Bryan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	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	paner, cos ano (cos menastro)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Maxwell, Aaron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	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 CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 130/228 Rpt: 133/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 5 Full name of contributor		7	Amount of Contribution (\$)	\$1.27
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ May, Meghan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	·	City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ May, Meghan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.27
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_McClelland, Sterling Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ McClelland, Sterling Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 131/228 Rpt: 134/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ McDaniel, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.50
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ McDaniel, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_McDaniel, Michael Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ McGarry, Kenneth 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: 132/228 Rpt: 135/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ McGarry, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ McIntire, Morgan 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 04/11/2025	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 04/25/2025	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: 133/228 Rpt: 136/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Kathleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Medic Medic	pation 7 300 title (See Instructions)	City of Austin	')		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Kathleen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 03/28/2025	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 04/11/2025	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	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 134/228 Rpt: 137/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ McNiff, Katie 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Mead, Catrina 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Mead, Catrina 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Medina, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 135/228 Rpt: 138/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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 04/25/2025	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	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Megally, Maureen 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 04/11/2025	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 04/25/2025	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: 136/228 Rpt: 139/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Mendez, Corey 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Mendez, Corey 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 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 137/228 Rpt: 140/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Metzger, Austin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Metzger, 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 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Meyer, Brett Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 138/228 Rpt: 141/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 5 Full name of contributor out-of-state PAC (ID#:_ Meyer, Brett 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 04/25/2025	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 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Medic	pation 7 sob title (see instructions)	City of Austin	')		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Michaelson, 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	i)		
	Date 04/11/2025	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 04/25/2025	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	<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: 139/228 Rpt: 142/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	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)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 oob title (occ mondetions)	City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Miller, Matthew Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 140/228 Rpt: 143/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Mireles, Guadalupe 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Mockler, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	panent cos and (cos men actions)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Molina, Israel 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 04/11/2025	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)		
	Date 04/25/2025	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 CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 141/228 Rpt: 144/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Molinelli, Nicholas 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Molinelli, Nicholas 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Molinelli, Nicholas 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Monson, Nancy 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Monson, Nancy 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: 142/228 Rpt: 145/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Montes, Angelica 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Montes, Angelica 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Montes, Angelica Contributor address; City; State; 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 03/28/2025	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 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: 143/228 Rpt: 146/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Moore, Alexander 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Moore, Garrett 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Moore, Garrett Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Moore, Garrett Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

2 FILER N Austin T 4 Date 03/28/2	5 Full name of contributor out-of-state PAC Morris, Kyle 6 Contributor address; City; State; Zip Code Austin, TX 78721 Deccupation / Job title (See Instructions) Full name of contributor out-of-state PAC Morris, Kyle	9 Employer (See Instruction City of Austin	3 Fi 000 7 An	otal pages Schedule A1: ch: 144/228 Rpt: 147/233 der ID (Ethics Commission 0053202 mount of Contribution (\$)	Filers) \$3.00
Austin 1 4 Date 03/28/2 8 Principal Medic Date 04/11/2 Principal Medic Date	5 Full name of contributor out-of-state PAC Morris, Kyle 6 Contributor address; City; State; Zip Code Austin, TX 78721 occupation / Job title (See Instructions) Full name of contributor out-of-state PAC Morris, Kyle	9 Employer (See Instruction City of Austin	7 Ar	0053202 mount of Contribution (\$)	
4 Date 03/28/2	5 Full name of contributor out-of-state PAC Morris, Kyle 6 Contributor address; City; State; Zip Code Austin, TX 78721 occupation / Job title (See Instructions) Full name of contributor out-of-state PAC Morris, Kyle	9 Employer (See Instruction City of Austin	7 Ai	mount of Contribution (\$)	\$3.00
Date 04/11/2 Principal Medic Date	Full name of contributor out-of-state PAC Morris, Kyle	City of Austin			
Date 04/11/2 Principal Medic Date	Full name of contributor out-of-state PAC Morris, Kyle	City of Austin			
O4/11/2	25 Morris, Kyle		Ar		
Medic	Austin, TX 78721			mount of Contribution (\$)	\$3.00
	occupation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Full name of contributor out-of-state PAC Morris, Kyle Contributor address; City; State; Zip Code	(ID#:)	Ar	mount of Contribution (\$)	\$3.00
	Austin, TX 78721				
Principal Medic	occupation / Job title (See Instructions)	Employer (See Instruction City of Austin	ons)		
Date 03/28/2	Contributor address; City; State; Zip Code	(ID#:)	Ar	mount of Contribution (\$)	\$3.00
Principal	Austin, TX 78721 occupation / Job title (See Instructions)	Employer (See Instruction	ns)		
Medic	. ,	City of Austin	,		
Date 04/11/2	Full name of contributor out-of-state PAC Morrison, Timothy Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)	Aı	mount of Contribution (\$)	\$3.00
Principal Medic	occupation / Job title (See Instructions)	Employer (See Instruction City of Austin	ons)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 145/228 Rpt: 148/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Morrison, 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 03/28/2025	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	pation 7 oob title (oce monuculons)	City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Morton, 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Morton, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 146/228 Rpt: 149/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Muniz, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Nance, Megan 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Nance, Megan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Nance, Megan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 147/228 Rpt: 150/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Negron, Luis 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis 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)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis 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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Nelson, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Nelson, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 148/228 Rpt: 151/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	Full name of contributor		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Niemann, Bradley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions	_		
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	•)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Niemann, Bradley 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Niemann, Bradley Contributor address; City; State; 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Niswender, Kellie Contributor address; City; State; 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: 149/228 Rpt: 152/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Niswender, Kellie 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Noak, Darren Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Noak, Darren Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Noak, Darren Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 150/228 Rpt: 153/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor out-of-state PAC (ID#:_Noble, Keith 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Noble, Keith 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 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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 CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 151/228 Rpt: 154/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Olivarez, Dominique 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Olivarez, Dominique 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Olivarez, Dominique Contributor address; City; State; 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Olivo, Nicholas 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)		

		IONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 152/228 Rpt: 155/233
2 FILER NAMI Austin Trav	E ris County Emergency Medical Services Employee		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 04/11/2025	5 Full name of contributor ut-of-state PAC (ID)#:)	7 Amount of Contribution (\$) \$1.00
	Austin, TX 78721		
8 Principal occ Medic	cupation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin)
Date 04/25/2025)#:)	Amount of Contribution (\$) \$1.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Date 03/28/2025	· •)#:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Medic	cupation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Date 04/11/2025		D#:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal occ Medic	cupation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Date 04/25/2025) #:)	Amount of Contribution (\$) \$3.00
Principal occ	cupation / 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: 153/228 Rpt: 156/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria 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 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 154/228 Rpt: 157/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Pailes, Kenneth 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 / Job title (See Instructions)	City of Austin	,		
	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Pailes, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 155/228 Rpt: 158/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Parker, 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Parker, Christine Contributor address; City; State; 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Parker, Christine Contributor address; City; State; 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: 156/228 Rpt: 159/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_Patterson, Roger 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Patterson, Roger Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 157/228 Rpt: 160/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Penner, Andre 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Perry, Sean 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 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Perry, Sean Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 158/228 Rpt: 161/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Phillips, Heather 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Phillips, Heather Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 cos title (ecc metadotoris)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Phillips, Kyle 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Phillips, Kyle Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Phillips, Kyle Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 159/228 Rpt: 162/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor out-of-state PAC (ID#:_ Pizzonia, Alexander 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Pizzonia, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City of Austin			
	Date 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 160/228 Rpt: 163/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Posada, Gabriel 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 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Posada, 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 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	he Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 161/228 Rpt: 164/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID#:_ Poss, Lauren 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Poss, Lauren 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 03/28/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Powell-Evans, Simon Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Powell-Evans, Simon Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 162/228 Rpt: 165/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Powers, Kristy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Powers, Kristy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin			
	Date 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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 CONTR	RIBUTIONS		SCHEDULE A1
	The Instruc	ction Guide explains how to comp	plete this form.	1 Total pages S Sch: 163/22	Schedule A1: 28 Rpt: 166/233
	FILER NAME Austin Travis	County Emergency Medical Services I	Employee PAC	3 Filer ID (Etl 00053202	nics Commission Filers)
4	Date 04/25/2025		state PAC (ID#:)	7 Amount of Co	ontribution (\$) \$2.00
		Austin, TX 78721			
	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See InstructioCity of Austin	ns)	
	Date 03/28/2025	Full name of contributor out-of-s Pruiett, Cayden Contributor address; City; State; Zip Co	state PAC (ID#:) ide	Amount of Co	ontribution (\$) \$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructio City of Austin	ns)	
	Date 04/11/2025	Full name of contributor out-of-s Pruiett, Cayden Contributor address; City; State; Zip Co	state PAC (ID#:) de	Amount of Co	ontribution (\$) \$3.00
		Austin, TX 78721			
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructio City of Austin	ns)	
	Date 04/25/2025	Pruiett, Cayden	state PAC (ID#:) ide	Amount of Co	ontribution (\$) \$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructio City of Austin	ns)	
	Date 03/28/2025	Full name of contributor out-of-s Puckett, James Contributor address; City; State; Zip Co	state PAC (ID#:)	Amount of Co	ontribution (\$) \$2.30
	Drincinal occur	pation / Job title (See Instructions)	Employer (See Instructio	ns)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	he Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 164/228 Rpt: 167/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Puckett, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.30
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Puckett, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.30
	Dringing agg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 165/228 Rpt: 168/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Quiroz Mendez, Jesus 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Quiroz Mendez, Jesus Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal agai	Austin, TX 78721	Frankrian (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 166/228 Rpt: 169/233	3
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rafferty, Zachary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$13.00
	Dringing ogg	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Rafferty, Zachary Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$13.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 167/228 Rpt: 170/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Ramos, Duane 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Ramos, Duane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 03/28/2025	Full name of contributor)		Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Rasmussen, Nathan Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Rasmussen, Nathan Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$9.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 168/228 Rpt: 171/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Rebecca 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Rebecca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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: 169/228 Rpt: 172/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rawn, Madison 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 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Rawn, Madison Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 170/228 Rpt: 173/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID#:_ Reader, Robert 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Reader, Robert 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Redd, Kevin 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Redd, Kevin Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Redd, Kevin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 171/228 Rpt: 174/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie 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 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 172/228 Rpt: 175/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Reilly, Susanna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	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 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Remus, Hannah Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 173/228 Rpt: 176/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rice, Larry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 174/228 Rpt: 177/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Richter, Lauren 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Richter, Lauren 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 (See mondellons)	City of Austin			
	Date 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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: 175/228 Rpt: 178/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	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	pation 7 oob title (See mondellons)	City of Austin			
	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Ristine, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 176/228 Rpt: 179/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID#:_ Rivera, Nathaniel 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Rivera, Nathaniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing! goog	Austin, TX 78721	Employer (Con Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Robbins, 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Robbins, Joseph Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Robbins, Joseph Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 177/228 Rpt: 180/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea 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 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 178/228 Rpt: 181/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Rodgers, Jared 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 03/28/2025	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	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 179/228 Rpt: 182/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Giovanni 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Giovanni Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Roe, Lillian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Roe, Lillian Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Roe, Lillian Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 180/228 Rpt: 183/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Rogers, Darren 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Darren Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.30
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 181/228 Rpt: 184/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Rogers, Wesley 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Romo, Jodeci 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 04/11/2025	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 occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Romo, Jodeci Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Rose, Donald Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

2 FILER NA Austin Tr	uction Guide explains how to complete this		
	•	form.	1 Total pages Schedule A1: Sch: 182/228 Rpt: 185/233
	E vis County Emergency Medical Services Employee I	PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 04/11/202	5 Full name of contributor out-of-state PAC (ID#	<i>*</i> :)	7 Amount of Contribution (\$) \$2.50
	Austin, TX 78721		
8 Principal of Medic	cupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)
Date 04/25/202	_ I	<u>; </u>	Amount of Contribution (\$) \$2.50
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 03/28/202	Full name of contributor out-of-state PAC (ID# Rutledge, Lindsey Contributor address; City; State; Zip Code	<u>; </u>	Amount of Contribution (\$) \$2.50
	Austin, TX 78721		
Principal o Medic	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 04/11/20:		<u>+:)</u>	Amount of Contribution (\$) \$2.50
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin	[5)
Date 04/25/202	Full name of contributor out-of-state PAC (ID# Rutledge, Lindsey Contributor address; City; State; Zip Code Austin, TX 78721		Amount of Contribution (\$) \$2.50
Principal o	cupation / 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: 183/228 Rpt: 186/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Salmeron, Alejandro 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Salmeron, Alejandro 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 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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: 184/228 Rpt: 187/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	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)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Santiago, Sabrina 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 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Santiago, Sabrina Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 185/228 Rpt: 188/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Scaglione, Daniel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Scaglione, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Fandayar (Coo Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Scamman, Alexis Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Scamman, Alexis Contributor address; City; State; 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Scamman, Alexis Contributor address; City; State; 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: 186/228 Rpt: 189/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor		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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Schulz, Douglas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 04/25/2025	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 03/28/2025	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)		
	Date 04/11/2025	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)		

s) out-of-state PAC (ID#	9 Employer (See Instance) #: Employer (See Instance) #:	tructions)	Total pages Schedule A1: Sch: 187/228 Rpt: 190/233 Filer ID (Ethics Commission 00053202 Amount of Contribution (\$) Amount of Contribution (\$)	\$1.00
out-of-state PAC (ID#	#:	tructions)	Amount of Contribution (\$) Amount of Contribution (\$)	\$1.00
out-of-state PAC (ID#	#:	tructions)	Amount of Contribution (\$) Amount of Contribution (\$)	
out-of-state PAC (ID#	Employer (See Inst	tructions)		
out-of-state PAC (ID#	Employer (See Inst	tructions)		
s) out-of-state PAC (ID#	Employer (See Ins City of Austin	tructions)		\$3.00 \$3.00
out-of-state PAC (ID#	City of Austin	·	Amount of Contribution (\$)	\$3.00
—			Amount of Contribution (\$)	\$3.00
—	#:		Amount of Contribution (\$)	\$3.00
tate; Zip Code				
s)	Employer (See Inst	tructions)		
out-of-state PAC (ID#	*:		Amount of Contribution (\$)	\$3.00
5)	Employer (See Inst	tructions)		
<u> </u>	<u> </u> #:		Amount of Contribution (\$)	\$3.00
		tructions)		
_	_	Out-of-state PAC (ID#:	City of Austin Out-of-state PAC (ID#:) State; Zip Code Employer (See Instructions)	City of Austin Out-of-state PAC (ID#:) State; Zip Code 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: 188/228 Rpt: 191/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_Sedillo, Gabriel 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Sedillo, Gabriel 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Sircher, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Sircher, 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Sircher, 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 CONTRIBUT	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 189/228 Rpt: 192/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	e PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
	Medic	pation / 300 title (366 instructions)		City of Austin	·)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (Sklar, Estelle 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 / sob title (See instructions)		City of Austin	"		
	Date 04/25/2025	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 03/28/2025	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (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	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: 190/228 Rpt: 193/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Sletten, Spencer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Sletten, Spencer Contributor address; City; State; 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 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 191/228 Rpt: 194/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Smith, Anthony 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)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Smith, Anthony Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (See instructions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Smith, Ashlyn 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Ashlyn Contributor address; City; State; 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Ashlyn Contributor address; City; State; 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: 192/228 Rpt: 195/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Soto, Karina 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 04/11/2025	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)		
	Medic	pation 7 oob title (occ instructions)	City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Soto, Karina 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Stedman, Christina Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Stedman, Christina Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 193/228 Rpt: 196/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Stephens, Eric Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin	,		
	Date 04/11/2025	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 04/25/2025	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 03/28/2025	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: 194/228 Rpt: 197/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Stevens, Mitchell Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	paner, cos ano (cos menastro)	City of Austin			
	Date 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Stowe, Richard Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Stowe, Richard Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 195/228 Rpt: 198/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 5 Full name of contributor out-of-state PAC (ID#:_ Stubbs, Brian 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Stubbs, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Stubbs, Brian 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Swanner, Emily Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 196/228 Rpt: 199/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Swift, Patrick 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 04/11/2025	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 04/25/2025	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 03/28/2025	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: 197/228 Rpt: 200/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 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)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Tait, Grant Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing oggu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	<i>)</i>		
	Date 03/28/2025	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)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Tarrillion, Matthew Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Tarrillion, Matthew Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

2 FILER NA	tavis County Emergency Medical Services Employer 5 Full name of contributor out-of-state PAC Tekamp, Austin	ee PAC		Total pages Schedule A1: Sch: 198/228 Rpt: 201/233	
Austin Tra	tavis County Emergency Medical Services Employer 5 Full name of contributor out-of-state PAC Tekamp, Austin		3 F		
4 Date	5 Full name of contributor out-of-state PAC Tekamp, Austin		1	Filer ID (Ethics Commission 00053202	Filers)
	6 Contributor address; City; State; Zip Code		+	Amount of Contribution (\$)	\$3.00
O Dringing La	Austin, TX 78721	O Familia va (Can Instruction			
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	iS)		
Date 04/11/202		(ID#:)		Amount of Contribution (\$)	\$3.00
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruction City of Austin	l s)		
Date 04/25/202	Full name of contributor out-of-state PAC Tekamp, Austin Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.00
Drincinal c	Austin, TX 78721 ccupation / Job title (See Instructions)	Employer (See Instruction			
Medic	acapation / 300 title (See Instituctions)	City of Austin	3)		
Date 03/28/202		(ID#:)		Amount of Contribution (\$)	\$3.00
	Austin, TX 78721		<u> </u>		
Principal o Medic	ccupation / Job title (See Instructions)	Employer (See Instruction City of Austin	iS)		
Date 04/11/202	Full name of contributor out-of-state PAC Thomas, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)		Amount of Contribution (\$)	\$3.00
Principal o Medic	ccupation / Job title (See Instructions)	Employer (See Instruction City of Austin	ıs)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 199/228 Rpt: 202/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Patrick Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 04/11/2025	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 04/25/2025	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 03/28/2025	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 CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 200/228 Rpt: 203/233	
2	FILER NAME	s County Emergency Medical Services Employe	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date	5 Full name of contributor out-of-state PAC		17	Amount of Contribution (\$)	
	04/11/2025	Thompson, Garner	(1011)		γ αποαπε οι Θοπαποαποιπ (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	s)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	04/25/2025	Thompson, Garner				\$1.00
		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			
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	03/28/2025	Thornton, Nichole				\$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 (\$)	
	04/11/2025					\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			City of Austin	_	Assessment of Occatable sticks (b)	
	Date 04/25/2025	Full name of contributor out-of-state PAC Thornton, Nichole	(ID#:)		Amount of Contribution (\$)	\$3.00
	04/23/2023	Contributor address; City; State; Zip Code		-		Ψ5.00
		Continuation additions, City, Ciato, 21p Code				
	Delicalisation	Austin, TX 78721	Faralas en (O. a. la atrocation	<u> </u>		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		
	IVICUIC		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: 201/228 Rpt: 204/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Sarah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Sarah 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Todd, Joshua Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Todd, Joshua Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 202/228 Rpt: 205/233	3
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 Full name of contributor out-of-state PAC (ID#:_ Todd, Joshua Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Tompkins, Hannah 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 04/11/2025	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 04/25/2025	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 03/28/2025	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)		

					SCHEDULE A1
The	Instruc	tion Guide explains how to complete this	form.	1 Total pages S Sch: 203/22	Schedule A1: 8 Rpt: 206/233
2 FILEF		County Emergency Medical Services Employee F		3 Filer ID (Eth 00053202	nics Commission Filers)
4 Date	1/2025	 Full name of contributor	:)	7 Amount of Co	entribution (\$) \$3.00
		Austin, TX 78721			
8 Princi Medi		pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin		
Date 04/25	5/2025	Full name of contributor out-of-state PAC (ID# Toole, Garrett Contributor address; City; State; Zip Code Austin, TX 78721	::)	Amount of Co	ntribution (\$) \$3.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
Medi ——	ic T		City of Austin		
Date 03/28	8/2025	Full name of contributor out-of-state PAC (ID# Toole, Kaytlyn Contributor address; City; State; Zip Code		Amount of Co	\$3.00
		Austin, TX 78721			
Princi Medi		oation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Date 04/1:	1/2025	Full name of contributor out-of-state PAC (ID# Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721	:)	Amount of Co	ntribution (\$) \$3.00
Princi Medi		pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Date 04/25	5/2025	Full name of contributor out-of-state PAC (ID# Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721	:)	Amount of Co	ntribution (\$) \$3.00
Princi Medi		pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	ľ	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 204/228 Rpt: 207/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor out-of-state PAC (ID#:_ Torres, Gil 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Torres, Gil 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 (3ee instructions)	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Torres, Gil Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 205/228 Rpt: 208/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Tran, Si Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	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 04/25/2025	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 03/28/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 206/228 Rpt: 209/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Traxel, Joshua 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Traxel, Joshua Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin			
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark Contributor address; City; State; 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark Contributor address; City; State; 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: 207/228 Rpt: 210/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Trujillo, Hope 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Trujillo, Hope 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Trujillo, Hope 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Van Treese, Taylor Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Van Treese, Taylor Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	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: 208/228 Rpt: 211/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ VanZandt, Donovan 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 / Job title (See Instructions)	City of Austin)		
	Date 04/11/2025	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 04/25/2025	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 03/28/2025	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)		

		JTIONS SCHEDULE	A1
The I	nstruction Guide explains how to complete	this form. 1 Total pages Schedule A1: Sch: 209/228 Rpt: 212/233	
2 FILER Austin	NAME Travis County Emergency Medical Services Emplo	3 Filer ID (Ethics Commission layee PAC 00053202	Filers)
4 Date 04/11/	5 Full name of contributor out-of-state PA	C (ID#:) 7 Amount of Contribution (\$)	\$3.00
	Austin, TX 78721		
8 Princip Medic	al occupation / Job title (See Instructions)	9 Employer (See Instructions)City of Austin	
Date 04/25/		Amount of Contribution (\$)	\$3.00
Princip	al occupation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin	
Date 03/28/	Full name of contributor out-of-state PA Veasna, Renayuddh Contributor address; City; State; Zip Code	Amount of Contribution (\$)	\$3.00
	Austin, TX 78721		
Princip Medic	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date 04/11/		Amount of Contribution (\$)	\$3.00
Princip Medic	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date 04/25/	Full name of contributor out-of-state PA Veasna, Renayuddh Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$)	\$3.00
Princip	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin	

2 FILER NAM	uction Guide explains how to complete this	_	1 Total pages Schedule A1:
		s form.	Sch: 210/228 Rpt: 213/233
	E vis County Emergency Medical Services Employee	PAC	3 Filer ID (Ethics Commission Filers) 00053202
03/28/202	5 Full name of contributor ut-of-state PAC (ID	#:)	7 Amount of Contribution (\$) \$3.00
	Austin, TX 78721	<u> </u>	
8 Principal od Medic	cupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date 04/11/202		#:)	Amount of Contribution (\$) \$3.00
Principal od	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)
Date 04/25/202	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$3.00
Principal oc	Austin, TX 78721 cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	, ,	City of Austin	,
Date 03/28/202	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$3.00
Principal oc	Austin, TX 78721 cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	,	City of Austin	,
Date 04/11/202		#:)	Amount of Contribution (\$) \$3.00
Principal od Medic	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 211/228 Rpt: 214/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Voelker, Jaime Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	,	City of Austin	,		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Voelker, Jaime 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Voelker, Jaime Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wadham, Gary Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 212/228 Rpt: 215/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	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)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wadham, Gary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	panent cos and (cos men actions)	City of Austin	,		
	Date 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Walker, Ira Contributor address; City; State; 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Walker, Ira Contributor address; City; State; 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: 213/228 Rpt: 216/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Warren, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Warren, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 214/228 Rpt: 217/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Way, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 04/11/2025	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 04/25/2025	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 03/28/2025	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: 215/228 Rpt: 218/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt 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 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Weil, Skyler Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Weil, Skyler Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 216/228 Rpt: 219/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ Weldon, Tyler 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Weldon, Tyler Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Weldon, Tyler Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 217/228 Rpt: 220/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wesen, Hunter Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 04/11/2025	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 04/25/2025	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 03/28/2025	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: 218/228 Rpt: 221/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Westby, Andrew 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	pation 7 cos title (ecc metadotorie)	City of Austin	,		
	Date 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 219/228 Rpt: 222/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ White, Anna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ White, Anna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ White, Stephen Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ White, Stephen Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 220/228 Rpt: 223/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 Full name of contributor out-of-state PAC (ID#:_ White, Stephen Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Whitman, Erin 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 04/11/2025	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 04/25/2025	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 03/28/2025	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: 221/228 Rpt: 224/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	 Full name of contributor out-of-state PAC (ID#:_ Wiggin, Stuart 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wiggin, Stuart Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, David Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, David Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 222/228 Rpt: 225/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 Full name of contributor out-of-state PAC (ID#:_ Williams, Dennis 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Williams, Dennis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Williams, Dennis 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Wilson, Sydney Contributor address; City; State; 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Wilson, Sydney Contributor address; City; State; 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: 223/228 Rpt: 226/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	 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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Winters, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Winters, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Winters, John Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	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: 224/228 Rpt: 227/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025	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)	Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wolber, Bailey 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 03/28/2025	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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Wright, 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 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wright, 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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 225/228 Rpt: 228/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 03/28/2025	 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 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Wyche, Tyson Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin	,		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Wyche, Tyson Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Xie, Selena Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Xie, Selena Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 226/228 Rpt: 229/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#:)			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 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Yankiver, Lizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Employer (See Instruction City of Austin			,		
	Date Full name of contributor out-of-state PAC (ID#:) Vankiver, 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 04/25/2025				Amount of Contribution (\$)	\$5.00
Principal occupation / Job title (See Instructions) Medic			Employer (See Instructions City of Austin)		
	Date 03/28/2025	_ `			Amount of Contribution (\$)	\$4.00
Principal occupation / Job title (See Instructions) Emplo			Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 227/228 Rpt: 230/233	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 04/11/2025				Amount of Contribution (\$)	\$4.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_ Yarbrough, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Employer (See Instruction City of Austin			,		
	Date 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 O4/11/2025 Full name of contributor out-of-state PAC (ID#: Yasui, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Medic			Employer (See Instructions City of Austin)		
	Date 04/25/2025				Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employ			Employer (See Instructions City of Austin)		

	MONET	TARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 228/228 Rpt: 231/233		
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	3	Filer ID (Ethics Commission F 00053202	ilers)	
4	Date 03/28/2025 5 Full name of contributor out-of-state PAC (ID#:) deOliveira, Courtney 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/25/2025 deOliveira, Courtney Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Employer (See Instruction City of Austin					
	Date O4/25/2025 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u> s)		

	LOANS					SCHEDU	JLE E		
	The Instruction Guide explains how to complete this form				1	pages Schedule E: 1/1 Rpt: 232/233			
	FILER NAME Austin Travis Co	ounty Emergency Medical Se	AC	3 Filer ID (Ethics Commission Filers) 00053202					
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00		
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)		
	Is lender a financial institution?	8 Lender address; City	y; State;	Zip Code		10 Interest Rate			
						11 Maturity Date			
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	5)	_			
14	Description of Coll None	ateral		15 Check if personal funds we	ere deposite		d into political account (See Instructions)		
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaran	teed (\$)		
	not applicable	18 Guarantor address; City	y; State;	Zip Code					
20	Principal occupation	on		21 Employer (See Instructions	5)				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)					
1 Tota	al pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commis	sion Filers)		
	h: 1/1 Rpt: 233/233	1	ris County Emergency	y Medical Serv	/ices	i		00053202	•			
4 Dat	re	5 Payee name										
03/	28/2025	City of Aus	tin									
6 Am	ount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode							
	\$37.90	15 Waller S	St									
E>	xpenditure from											
	orporate funds	Austin, TX			1							
8	PURPOSE OF		ee Categories listed at the top of	of this schedule)	(b)	Description						
ΕX	KPENDITURE	Fees				_		tside of Texas. Complete Schedule T. X, officeholder living expense				
						Payroll deduc						
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	xpenditure from orporate funds	Austin, TX	78702									
	PURPOSE	(a) Category (S	ee Categories listed at the top of	of this schedule)	(b)	Description						
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	xpenditure from orporate funds	Austin, TX	78702									
	PURPOSE	(a) Category (S	ee Categories listed at the top of	of this schedule)	(b)	Description						
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