FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 157 00053202 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Travis County Emergency Medical Services Employee PAC Date Received **ELECTRONICALLY FILED** 06/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 5817 Wilcab Road Ste 3 Austin, TX 78721 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Ms. Selena NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Xie CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 4710 Heflin Ln. STREET **ADDRESS** (Residence or Business) Austin, TX 78721 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4710 Heflin Ln. MAILING **ADDRESS** Austin, TX 78721 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 228-9321 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2025 05/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin Travis County	Emergency Medical Serv	rices Employee PAC	00053202	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITI	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Moasuros	A. Supported		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		D. Opposed		
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 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		\$	0.050.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	ľ	2,252.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	75.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	103,589.49
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
.6 AFFIDAVIT	<u> </u>		<u>_</u>	
		I swear, or affirm, under penalty of putrue and correct and includes all infounder Title 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
		Ms. So	elena Xie	
		Signature of Ca		urer
AFFIX NOTAI	RY STAMP / SEAL ABOVE	•	, 0	
Sworn to and subscrib	ed hefore me, by the said	,1	this the	day
		which, witness my hand and seal of office.	uns unc	uay
	,, ,,			
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Signature of officer	auministening vatir	r inted name of officer administering oath	riue oi oili	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 157
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commissio	n Filers)
Aus	stin Tra	vis County Emergency Medical Services Employee PAC	00053202		,
19 SCI	HEDULI	E SUBTOTALS		T	
l		SCHEDULE		SUBTOTAL A	MOUNT
<u> </u>	0.				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,252.30
				Ť	,
١ ,	\Box	COLIED HE AS: MONI MONETARY (IN KIND) POLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
-					
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
		ORGANIZATION		,	
_	\Box	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$	
	ш	ORGANIZATION		Ψ	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	75.90
10.		SCHEDGETT. TOLITICAL EXITENSITIONES TROWN SETTIONS CONTRIBUTIONS	5) D	13.90
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				,	
12	\Box	COLIEDIUS EA. EVDENDITUDES MADE DV ODEDIT CADD			
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$	
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8 Principal occupation / Job title (See Instructions) Medic Date 05/23/2025 Abdelhadi, Leila Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) City of Austin Amount of Contribution (\$) \$3.00 City of Austin Amount of Contribution (\$) \$3.00 City of Austin Employer (See Instructions) City of Austin Amount of Contribution (\$) \$3.00 Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date 05/09/2025 Abernathy, Kayla Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Austin Amount of Contribution (\$) \$3.00 Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Austin Amount of Contribution (\$) \$3.00 Austin, TX 78721 Principal occupation / Job title (See Instructions) City of Austin Amount of Contribution (\$)		MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
Austin Travis County Emergency Medical Services Employee PAC Date S		The Instru	ction Guide explains how to complete t	this form.	1		
4 Date	2		County Emergency Medical Services Employ	vee BAC	3		Filers)
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Austin, TX 78721 8 Principal occupation / Job title (See Instructions) Medic Date O5/23/2025 Abdelhadi, Leila Contributor address, City, State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date O5/09/2025 Abernathy, Kayla Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date O5/09/2025 Abernathy, Kayla Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) City of Austin Amount of Contribution (\$) 33.00 Ackland, Georgia Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Austin Amount of Contribution (\$) 33.00 Employer (See Instructions) City of Austin Date Date Ackland, Georgia Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)	4		Abdelhadi, Leila		7	Amount of Contribution (\$)	\$3.00
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•		Medic		City of Austin			
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	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/152 Rpt: 5/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Adcock, Brandon 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 05/23/2025	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 05/09/2025	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
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	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
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/152 Rpt: 6/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Albear, Oscar 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Albear, Oscar Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing con	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/152 Rpt: 7/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Almaguer, Luis 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Almodovar, Alejandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 cos title (ecc metadotorie)	City of Austin	,		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Anderson, Scott Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Anderson, Scott Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/152 Rpt: 8/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Anthon, McKenna 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 05/09/2025	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 05/23/2025	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 05/09/2025	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: 6/152 Rpt: 9/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Arocha-Guerra, Val Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	()		
	Medic	parent you also (eee meadone)	City of Austin	,		
	Date 05/23/2025	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	i)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Aubin, Scott Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Aubin, Scott Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/152 Rpt: 10/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Aune, Joseph Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic		City of Austin			
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Avila, America Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Azelton, Andrew Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/152 Rpt: 11/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Azuara Mendez, Elvia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.27
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Bailey, Charles Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Bailey, Charles Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/152 Rpt: 12/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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)	Employer (See Instructions City of Austin	i)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Bailey, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Medic	pation 7 sob title (see instructions)	City of Austin	')		
	Date 05/09/2025	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	i)		
	Date 05/23/2025	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 05/09/2025	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	<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: 10/152 Rpt: 13/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Amanda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin	,		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Coty Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Baker, Coty Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/152 Rpt: 14/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, 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 7 oob title (oce monucions)	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/152 Rpt: 15/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Barnhart, Jennifer 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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Bauhs, Isabel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Bauhs, Isabel Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/152 Rpt: 16/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	ı Filers)
4	Date 05/09/2025	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
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Beaver, Camille Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 oob title (oce monucions)	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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: 14/152 Rpt: 17/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Bernal, Erica 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Black, Jessica 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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Blais, Braden Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Blais, Braden Contributor address; City; State; 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: 15/152 Rpt: 18/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Blume, Michael 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 05/09/2025	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 05/23/2025	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 05/09/2025	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 CONTRIBUTION	ONS		SCHEDULE	€ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/152 Rpt: 19/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Bostrom, Shanna 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Braunstein, Spencer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Braunstein, Spencer Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Brazelton, Reese Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Brazelton, Reese Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	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 thi	s form.	1 Total pages Schedule A1: Sch: 17/152 Rpt: 20/157
2 FILER NAME	County Forest Medical Comits - Forest	. DAG	3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee		00053202
4 Date 05/09/2025	5 Full name of contributor out-of-state PAC (III Brindley, Jordan		7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	2)
Medic	pation 7 sob title (See instituctions)	City of Austin	·)
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
05/23/2025	Brindley, Jordan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic	, , , , , , , , , , , , , , , , , , , ,	City of Austin	,
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
05/09/2025	Broadbent, Kolby		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
05/23/2025	Broadbent, Kolby		\$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 (IE	D#:)	Amount of Contribution (\$)
05/09/2025	Brown, Christopher		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	; ;)
Medic		City of Austin	
		1	

	MONET	ARY POLITICAL CONTRIBI	UTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Sch: 18/15	Schedule A1: 2 Rpt: 21/157
	FILER NAME	s County Emergency Medical Services Emplo	nvee PAC	3 Filer ID (E 00053202	thics Commission Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PA Brown, Christopher	<u>-</u>	7 Amount of C	Contribution (\$) \$3.00
		Austin, TX 78721			
	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	s)	
	Date 05/09/2025	Full name of contributor out-of-state PA Brown, Johnathan Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:)	Amount of C	Contribution (\$) \$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	is)	
	Date 05/23/2025	Full name of contributor out-of-state PA Brown, Johnathan Contributor address; City; State; Zip Code	AC (ID#:)	Amount of C	Contribution (\$) \$3.00
		Austin, TX 78721			
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	s)	
	Date 05/09/2025	Full name of contributor out-of-state PA Brunson, Savannah Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:)	Amount of C	Contribution (\$) \$3.00
		pation / Job title (See Instructions)	Employer (See Instruction	s)	
	Medic	Full pages of contributor	City of Austin	Amount of C	Sandrille, ski ara (A)
	Date 05/23/2025	Full name of contributor out-of-state PA Brunson, Savannah Contributor address; City; State; Zip Code	AC (ID#:)	Amount of C	Contribution (\$) \$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	ls)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/152 Rpt: 22/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Bumpus, Ross Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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)		

	MONEI	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 20/152 Rpt: 23/157
2	FILER NAME	County Francisco Madical Comics - Francisco	- DAG	3 Filer ID (Ethics Commission Filers)
		County Emergency Medical Services Employee	e PAC	00053202
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (II Bynum, Gillian		7 Amount of Contribution (\$) \$3.00
		6 Contributor address; City; State; Zip Code		
_		Austin, TX 78721		
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
	Date	Full name of contributor ut-of-state PAC (I	D#:)	Amount of Contribution (\$)
	05/09/2025	Cabrera, Ryan		\$3.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78721		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)
	Medic	,	City of Austin	,
	Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
	05/23/2025	Cabrera, Ryan		\$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 out-of-state PAC (II	D#:)	Amount of Contribution (\$)
	05/09/2025	Cain, Christopher		\$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 out-of-state PAC (II	D#:)	Amount of Contribution (\$)
	05/23/2025	Cain, Christopher		\$3.00
		Contributor address; City; State; Zip Code		
		Auctin TV 79721		
	Principal occur	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	2)
	Medic Medic	pauon / Job une (See insuddions)	City of Austin)

	MONEI	ARY POLITICAL CONTRIBU	IIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 21/152 Rpt: 24/157
2	FILER NAME Austin Travis	s County Emergency Medical Services Employe	ee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (Calderon, Audrey		7 Amount of Contribution (\$) \$0.2
		Austin, TX 78721	<u> </u>	
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)
	Date 05/23/2025	Full name of contributor out-of-state PAC (Calderon, Audrey Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)	Amount of Contribution (\$) .
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	I s)
	Date 05/09/2025	Full name of contributor out-of-state PAC (Cantonis, Carl Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.00
		Austin, TX 78721		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)
	Date 05/23/2025	Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.0
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Medic		City of Austin	
	Date 05/09/2025	Full name of contributor out-of-state PAC (Cantu, Micah Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.0
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </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: 22/152 Rpt: 25/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Carter, Emma 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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Cartmill, Andres Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/152 Rpt: 26/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Celani, Anthony 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 05/23/2025	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 05/09/2025	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)		
	Date 05/23/2025	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: 24/152 Rpt: 27/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Charboneau, Christian 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Charboneau, Christian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Chhabra, Ranjit 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: 25/152 Rpt: 28/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Chhabra, Ranjit 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Ciminera, Joseph Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Cisneros, Kevin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/152 Rpt: 29/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Clark, Rajiv Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinainal assu	Austin, TX 78721	Frankrian (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Clarkson, 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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/152 Rpt: 30/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Cluskey, Francis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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)		

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A	1
The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 28/152 Rpt: 31/157	
2 FILER NAME	s County Emergency Medical Services Employee	PAC	3 Filer ID (Ethics Commission Filers 00053202	s)
4 Date	5 Full name of contributor ut-of-state PAC (ID		7 Amount of Contribution (\$)	
05/09/2025	Cole, Jason			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)	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)	
05/23/2025	Cole, Jason		\$	3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721	_		
	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Medic		City of Austin		
Date 05/09/2025	Full name of contributor out-of-state PAC (ID Coleman, James)#:)	Amount of Contribution (\$)	31.00
03/03/2023	Contributor address; City; State; Zip Code		Ψ	1.00
	Austin, TX 78721		,	
Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)	
Date	Full name of contributor uut-of-state PAC (ID)#:)	Amount of Contribution (\$)	
05/23/2025			\$	31.00
	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	D#:)	Amount of Contribution (\$)	
05/09/2025	Cooper, Matthew		\$	3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Medic		City of Austin		
		1		

The Instruction Guide explains how to complete this form. 1 Total pages Schedu Sch: 29/152 Rpt: 29/152 Rpt: 29/152 Rpt: 3 Filer ID (Ethics Co 00053202) 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 05/23/2025 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contributor 205/23/2025 Cooper, Matthew 6 Contributor address; City; State; Zip Code Austin, TX 78721 8 Principal occupation / Job title (See Instructions) City of Austin Date O5/09/2025 Cornwall, Angela Contributor out-of-state PAC (ID#: 7 Amount of Contributor 205/09/2025 Cornwall, Angela Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Austin Date O5/23/2025 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contributor O5/23/2025 Cornwall, Angela Contributor Austin, TX 78721 Page Full name of contributor out-of-state PAC (ID#: 7 Amount of Contributor O5/23/2025 Cornwall, Angela Contributor Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)	32/157 mmission Filers) ion (\$) \$3.00 ion (\$)
Austin Travis County Emergency Medical Services Employee PAC Date O5/23/2025	ion (\$) \$3.00 ion (\$) \$2.00
4 Date 05/23/2025	\$3.00 ion (\$) \$2.00
O5/23/2025 Cooper, Matthew 6 Contributor address; City; State; Zip Code Austin, TX 78721 8 Principal occupation / Job title (See Instructions) Medic Date O5/09/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date O5/23/2025 Full name of contributor out-of-state PAC (ID#:	\$3.00 ion (\$) \$2.00
Austin, TX 78721 8 Principal occupation / Job title (See Instructions) Medic Date 05/09/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date 05/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Cornwall, Angela Contributor out-of-state PAC (ID#: 05/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	\$2.00 ion (\$)
Principal occupation / Job title (See Instructions) Page	\$2.00 ion (\$)
Date Full name of contributor out-of-state PAC (ID#:	\$2.00 ion (\$)
O5/09/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date O5/23/2025 Full name of contributor out-of-state PAC (ID#: Ocrnwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	\$2.00 ion (\$)
Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date 05/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721 Contributor address; City; State; Zip Code	
Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date 05/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribut Cornwall, Angela Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Medic City of Austin Date O5/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic City of Austin Date O5/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	
Principal occupation / Job title (See Instructions) Medic City of Austin Date O5/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	
Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:	ion (\$) \$2.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribut 05/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	
05/23/2025 Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	
Contributor address; City; State; Zip Code Austin, TX 78721	\$2.00
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribut	on (\$)
05/09/2025 Costantino, John	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribut	on (\$)
05/23/2025 Costantino, John	\$5.00
Contributor address; City; State; Zip Code	
Austin TV 70701	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
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: 30/152 Rpt: 33/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 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 05/23/2025	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 / vob title (see instructions)	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Crouch, William Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/152 Rpt: 34/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Cruz Zarate, Hector 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 manuellons)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Cruz Zarate, Hector Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Cullens, Malik Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Cullens, Malik Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/152 Rpt: 35/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Cummings, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Dringing age	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Dantas, Felipe Contributor address; City; State; 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: 33/152 Rpt: 36/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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	i)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Kenneth 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	5)		
	Date 05/23/2025	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	i)		
	Date 05/09/2025	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 05/23/2025	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	()		

2 FILER NAMI Austin Trav 4 Date 05/09/2025	is County Emergency Medical Services Employed 5 Full name of contributor ut-of-state PAC	ee PAC	1 Total pages Sched Sch: 34/152 Rpt 3 Filer ID (Ethics Concentration of Contribution) 7 Amount of Contributions)	: 37/157 Commission Filers) ution (\$)
4 Date 05/09/2025 8 Principal occ Medic Date	S Full name of contributor out-of-state PAC DeLong, Jonathan G Contributor address; City; State; Zip Code Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instruction	7 Amount of Contrib	ution (\$)
4 Date 05/09/2025 8 Principal occ Medic Date	5 Full name of contributor out-of-state PAC DeLong, Jonathan 6 Contributor address; City; State; Zip Code Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instruction	7 Amount of Contrib	ution (\$) \$3.00
Medic	upation / Job title (See Instructions)		nns)	
Medic Date			ins)	
	Full name of contributor uut-of-state PAC			
03/23/2023	Contributor address; City; State; Zip Code	(ID#:)	Amount of Contrib	ution (\$) \$3.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ns)	
Medic		City of Austin		
Date 05/09/2025	Full name of contributor out-of-state PAC Dean-Masse, Dustin Contributor address; City; State; Zip Code	(ID#:)	Amount of Contrib	ution (\$) \$3.00
	Austin, TX 78721			
Principal occ Medic	upation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)	
Date 05/23/2025		(ID#:)	Amount of Contrib	ution (\$) \$3.00
Principal occ Medic	upation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)	
Date 05/09/2025	Full name of contributor out-of-state PAC Derion, Sarah Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)	Amount of Contrib	ution (\$) \$3.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction City of Austin	nns)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/152 Rpt: 38/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Dionizio, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	')		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Dionizio, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Donohoe, John Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/152 Rpt: 39/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Draper, Joseph 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 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Durham, David Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/152 Rpt: 40/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Durham, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	Medic	pation 7 300 title (See Instructions)	City of Austin	')		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Echevarria, Edgardo Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.30
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	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 05/23/2025	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)		

IVIOI	NETARY POLITICAL CONTRIBU	SCHEDULE A1
The Ir	nstruction Guide explains how to complete	his form. 1 Total pages Schedule A1: Sch: 38/152 Rpt: 41/157
2 FILER I	NAME Travis County Emergency Medical Services Emplo	3 Filer ID (Ethics Commission Filers) ree PAC 00053202
4 Date 05/09/2	5 Full name of contributor out-of-state PA	7 Amount of Contribution (\$) \$5.0
	Austin, TX 78721	
8 Principa Medic	al occupation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin
Date 05/23/2	I :	Amount of Contribution (\$) \$5.0
Principa Medic	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin
Date 05/09/2	Full name of contributor out-of-state PA 2025 Efe Aluebhosele, Onome Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$3.0
	Austin, TX 78721	
Principa Medic	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin
Date 05/23/2		C (ID#:) Amount of Contribution (\$) \$3.0
Principa Medic	al occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin
Date 05/09/2	Full name of contributor out-of-state PA	
	al occupation / Job title (See Instructions)	Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/152 Rpt: 42/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Elbel, Amber Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing aggr	Austin, TX 78721	Employer (See Instruction			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Elbel, Amber Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Elizardo, Daniel Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTR	IBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this form.	1	Total pages Schedule A1: Sch: 40/152 Rpt: 43/157	
2	FILER NAME	s County Emergency Medical Services Er	mnlovee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date		te PAC (ID#:)	7	Amount of Contribution (\$)	
	05/09/2025	Ellis, Rebecca 6 Contributor address; City; State; Zip Code				\$3.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructio	ns)		
	Medic	pation 7 oob title (occ motidotions)	City of Austin	113)		
	Date	—	te PAC (ID#:)		Amount of Contribution (\$)	
	05/23/2025	Ellis, Rebecca				\$3.00
		Contributor address; City; State; Zip Code	e			
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)		
	Medic		City of Austin			
	Date	—	te PAC (ID#:)		Amount of Contribution (\$)	
	05/09/2025	Emmick, Christopher				\$4.00
		Contributor address; City; State; Zip Code	е			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ne)		
	Medic	pation 7 300 title (See Instituctions)	City of Austin	113)		
	Date	—	te PAC (ID#:)		Amount of Contribution (\$)	
	05/23/2025	Emmick, Christopher				\$4.00
		Contributor address; City; State; Zip Code	e			
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)		
	Medic		City of Austin			
	Date	Full name of contributor ut-of-sta	te PAC (ID#:)		Amount of Contribution (\$)	
	05/09/2025	Ender, Daniel				\$3.30
		Contributor address; City; State; Zip Code	e			
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 41/152 Rpt: 44/157	
2	FILER NAME Austin Travis	County Emergency Medical Se	rvices Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor Ender, Daniel6 Contributor address; City; State			7	Amount of Contribution (\$)	\$3.30
		Austin, TX 78721	,				
8	Principal occu Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	5)		
	Date 05/09/2025	Full name of contributor Engstrom, Justin Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Medic	,		City of Austin	•		
	Date 05/23/2025	Full name of contributor Engstrom, Justin Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$1.50
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	Full name of contributor Ermentraut, Diana Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 05/23/2025	Full name of contributor Ermentraut, Diana Contributor address; City; State Austin, TX 78721	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/152 Rpt: 45/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_Falder, 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Falder, William 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 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
The Instruc	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 43/152 Rpt: 46/157
2 FILER NAME	s County Emergency Medical Services Employee	- PΔC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date	5 Full name of contributor ut-of-state PAC (II		7 Amount of Contribution (\$)
05/23/2025	Ferguson, Thomas		\$1.30
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)
Date	Full name of contributor ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
05/09/2025	Fernandez, Eric		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
05/23/2025	Fernandez, Eric		\$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	-,
Date	Full name of contributor ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
05/09/2025	Figueroa, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
05/23/2025	Figueroa, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
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: 44/152 Rpt: 47/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 5 Full name of contributor		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 05/23/2025	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 vob title (eee mondelions)	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Flanagan, Rilie 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: 45/152 Rpt: 48/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 5 Full name of contributor		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Flores, Raul 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Flores, Raul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 46/152 Rpt: 49/157	
2	FILER NAME	s County Emergency Medical Services Employe	aa PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date	5 Full name of contributor		7	Amount of Contribution (\$)	
	05/09/2025	Flores, Tiana				\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor ut-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	05/23/2025			.		\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin	_		
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	ቀ2 00
	05/09/2025	Fuentes, Timothy Contributor address; City; State; Zip Code				\$2.00
		Contributor address, City, State, 219 Code				
		Austin, TX 78721				
	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#:)		Amount of Contribution (\$)	
	05/23/2025	Fuentes, Timothy				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic	,	City of Austin	,		
	Date	Full name of contributor out-of-state PAC ((ID#:)	Τ	Amount of Contribution (\$)	
	05/09/2025	Gallio, Riane				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 47/152 Rpt: 50/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Gallio, Riane 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Galloway, Rose 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Galloway, Rose Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Garcia, Bianca Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/152 Rpt: 51/157	
2	FILER NAME Austin Travis	is County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_Garcia, Devin 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Devin 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Gardner, Dale Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gardner, Dale Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Garrett, Christina Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/152 Rpt: 52/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_Garrett, Christina 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Gastelum, Aaron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Medic Medic	pation / Job title (See Instructions)	City of Austin	')		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gastelum, Aaron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 05/09/2025	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 05/23/2025	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	<u> </u>		

MONET	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 50/152 Rpt: 53/157
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	S County Emergency Medical Services Employee		00053202
4 Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID:		7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)
05/23/2025	Gold, Mora		\$3.00
	Contributor address; City; State; Zip Code		
	A		
	Austin, TX 78721	1 5 1 (0 1 : ::	
	pation / 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 (\$)
05/09/2025	Gonzales - Dick, Alyssa		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic	,	City of Austin	,
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)
05/23/2025	Gonzales - Dick, Alyssa	···	\$3.00
	Communication address, Chy, Charle, E.p. Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)
05/09/2025	Gordon, Jennifer		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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: 51/152 Rpt: 54/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Gowe, Kathleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gowe, Kathleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/152 Rpt: 55/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation / vob title (see instructions)	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Grijalva, Corey Contributor address; City; State; 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: 53/152 Rpt: 56/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Grijalva, Corey 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Groenloh, Jodie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Groenloh, Jodie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Guevara, Daniel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 54/152 Rpt: 57/157	
2	FILER NAME	s County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
1	Date	5 Full name of contributor Out-of-state PAC (ID#		17	Amount of Contribution (\$)	
•	05/09/2025	Hadas, Brian		ļ′	Amount of Continuation (4)	\$2.00
		6 Contributor address; City; State; Zip Code				
_	Delevieral	Austin, TX 78721	O Frankrije (O - Jackson)	<u>-</u> ,		
8	Medic	pation / 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 (\$)	
	05/23/2025	Hadas, Brian				\$2.00
		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 (\$)	
	05/09/2025	Hadden, Justin				\$3.00
		Contributor address; City; State; Zip Code Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic	pation / coo title (coo motivations)	City of Austin			
	Date	Full name of contributor ut-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	05/23/2025	Hadden, Justin				\$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 (\$)	
	05/09/2025	Haggarty, Timothy				\$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: 55/152 Rpt: 58/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Haggarty, Timothy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hair, Nathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hair, Nathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hairston, Christopher Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hairston, Christopher Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/152 Rpt: 59/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor		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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hanes, Rodney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hanks, Kaden Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hargrave, Jeffrey Contributor address; City; State; 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: 57/152 Rpt: 60/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Harner, Kevin 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	patient cos alle (cos metadolore)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Harner, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 58/152 Rpt: 61/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Dringing aggr	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	nstruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 59/152 Rpt: 62/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Hernandez Arias, Alejandra 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hernandez Garza, Vanessa 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)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hernandez Garza, Vanessa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/152 Rpt: 63/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hicks, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	parent vos are (eee meraere)	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hindman, Justin 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 CONTRIE	BUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this fo	rm.	1	Total pages Schedule A1: Sch: 61/152 Rpt: 64/157	
2	FILER NAME	County Emergency Medical Consises Emp	alovoo DA	<u> </u>	3	Filer ID (Ethics Commission	Filers)
_		n Travis County Emergency Medical Services Employee PAC		L	00053202		
4	Date 05/23/2025			7	Amount of Contribution (\$)	\$1.00	
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78721					
8	Principal occu Medic	pation / Job title (See Instructions)	٤	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor ut-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	05/09/2025	Hindman, Shelby					\$1.00
		Contributor address; City; State; Zip Code			1		
		Austin, TX 78721					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic			City of Austin			
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	05/23/2025	Hindman, Shelby					\$1.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Medic	,		City of Austin	,		
	Date	Full name of contributor out-of-state	PAC (ID#:)	Т	Amount of Contribution (\$)	
	05/09/2025	Holland, Travis	FAC (ID#			Amount of Contribution (4)	\$2.50
	00/03/2020				-		Ψ2.00
		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 out-of-state	PAC (ID#:)	П	Amount of Contribution (\$)	
	05/23/2025	Holland, Travis					\$2.50
		Contributor address; City; State; Zip Code			1		
		Austin, TX 78721					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Medic			City of Austin			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 62/152 Rpt: 65/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:) Hoppe, Christine 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00	
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	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 / cos title (cos metadotorio)	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Huitt, Andrew Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$10.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 63/152 Rpt: 66/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#: Jackson, Bryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	Medic	pation 7 oob tillo (eee molidolono)	City of Austin			
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#: Jackson, 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	i)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Jacobsen, Patrick 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Jacobsen, Patrick 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 CONTRIBUT	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 64/152 Rpt: 67/157	
	FILER NAME	s County Emergency Medical Services Employee	PAC	1	Filer ID (Ethics Commission 00053202	Filers)
4	Date	Date 5 Full name of contributor ut-of-state PAC (ID#:)			Amount of Contribution (\$)	
	05/09/2025	Jakubauskas, Eric 6 Contributor address; City; State; Zip Code				\$2.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	40.50
	05/23/2025	Jakubauskas, Eric Contributor address; City; State; Zip Code				\$2.50
		Contributor address, City, State, 21p Code				
		Austin, TX 78721				
	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	D#:)		Amount of Contribution (\$)	
	05/09/2025	James, Jonathan				\$3.00
		Contributor address; City; State; Zip Code Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Medic	,	City of Austin			
	Date	Full name of contributor ut-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	05/23/2025					\$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	D#:)		Amount of Contribution (\$)	
	05/09/2025	Jensen, David				\$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 CONTRIBUT	IONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 65/152 Rpt: 68/157
2 FILER NAME	Occupto Francisco Madical Comicas Francisco	DAG	3 Filer ID (Ethics Commission Filers)
	stin Travis County Emergency Medical Services Employee PAC		00053202
4 Date 05/23/2025			7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
O Deinsing Lossy	Austin, TX 78721	O Francis var (Cas Instructions	
8 Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	·)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
05/09/2025	Jimenez, Noah		\$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 out-of-state PAC (ID	»#:)	Amount of Contribution (\$)
05/23/2025	Jimenez, Noah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()
Date	Full name of contributor ut-of-state PAC (ID)#:)	Amount of Contribution (\$)
05/09/2025	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		City of Austin	
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
05/23/2025	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		City of Austin	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 66/152 Rpt: 69/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Andy Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 67/152 Rpt: 70/157	
2	FILER NAME Austin Travis	County Emergency Medical Services Employ	ee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721					
8	Principal occu _l Medic	pation / Job title (See Instructions)	9	Employer (See Instructions City of Austin	s)		
	Date 05/09/2025	Full name of contributor out-of-state PAC Johnson-Franklin, Ashley Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Medic			City of Austin			
	Date 05/23/2025	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721					
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	Date 05/09/2025	Full name of contributor out-of-state PAC Kahlon, Jewanjot Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$3.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	<u>s)</u>		
	Date 05/23/2025	Full name of contributor out-of-state PAC Kahlon, Jewanjot Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/152 Rpt: 71/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$1.40
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Kalinowski, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.40
	Dringing! goog	Austin, TX 78721	Employer (Co.) Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Kane, Mikel Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 69/152 Rpt: 72/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_Kane, Mikel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See InstructionsCity of Austin	5)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Keef, Sean 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Keef, Sean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	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 05/23/2025	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	()		

2 FILER N	etweetien Cuide combine beaute complete th		
	struction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 70/152 Rpt: 73/157
	AME ravis County Emergency Medical Services Employe	De PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 05/09/2	5 Full name of contributor out-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 05/23/2	•	(ID#:)	Amount of Contribution (\$) \$3.00
	occupation / Job title (See Instructions)	Employer (See Instructions	l ;)
Medic		City of Austin	
Date 05/09/2	Full name of contributor out-of-state PAC (Contributor address; City; State; Zip Code	(10#)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principa Medic	occupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 05/23/2		(ID#:)	Amount of Contribution (\$) \$3.00
Principa Medic	occupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 05/09/2		(ID#:)	Amount of Contribution (\$) \$3.00
Principa Medic	occupation / Job title (See Instructions)	Employer (See Instructions City of Austin	I ;)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 71/152 Rpt: 74/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Kingsbury, Dillon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pation 7 sob title (see instructions)	City of Austin			
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Kingsbury, Dillon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 72/152 Rpt: 75/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Knauer, 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Knauer, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Knight, Aaron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Knight, Aaron Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Koch, James Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 73/152 Rpt: 76/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee Pa	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Koller, Joel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	')		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Koller, Joel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Koller, Steven Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 74/152 Rpt: 77/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Kownacki, Benjamin 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Kraemer, Ashley Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Kraemer, Ashley Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Krampitz, Casey 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 CONTRIB	UTIONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this form.	1	al pages Schedule A1: h: 75/152 Rpt: 78/157	
	FILER NAME	s County Emergency Medical Services Emplo	ovee PAC		er ID (Ethics Commission 053202	Filers)
4 [Date 05/23/2025	 Full name of contributor uut-of-state PA Krampitz, Casey Contributor address; City; State; Zip Code 	AC (ID#:)		ount of Contribution (\$)	\$1.30
		Austin, TX 78721		<u> </u>		
	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	ns)		
	Date 05/09/2025	Full name of contributor out-of-state PA Kraus, Stephen Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:)		ount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 05/23/2025	Full name of contributor out-of-state PAKraus, Stephen Contributor address; City; State; Zip Code	AC (ID#:)		ount of Contribution (\$)	\$3.00
F	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	ns)		
ı	Medic		City of Austin			
	Oate 05/09/2025	Full name of contributor out-of-state PA Krycia, Noah Contributor address; City; State; Zip Code Austin, TX 78721	AC (ID#:)		ount of Contribution (\$)	\$3.00
ı	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
l	Medic		City of Austin			
	Date 05/23/2025	Contributor address; City; State; Zip Code	AC (ID#:)	Am	ount of Contribution (\$)	\$3.00
	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: 76/152 Rpt: 79/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Kurtze, Benedict Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	ipation / Job title (See Instructions)	City of Austin)		
	Date 05/09/2025	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 05/23/2025	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	ppation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Lancaster, Eric 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	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 77/152 Rpt: 80/157	
2	FILER NAME	s County Emergency Medical Services Employee	DAC	3	Filer ID (Ethics Commission 00053202	Filers)
_				Ŀ		
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID:		<u> </u> ′	Amount of Contribution (\$)	\$2.50
		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:	#:)		Amount of Contribution (\$)	
	05/09/2025	LeFan, Rebecca				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Medic	·	City of Austin	•		
	Date	Full name of contributor out-of-state PAC (ID)	#:)		Amount of Contribution (\$)	
	05/23/2025	LeFan, Rebecca				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID)	#:)		Amount of Contribution (\$)	
	05/09/2025					\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	,	City of Austin			
	Date	Full name of contributor out-of-state PAC (ID)	#:)		Amount of Contribution (\$)	
	05/23/2025	Leib, Benjamin				\$3.00
		Contributor address; City; State; Zip Code		•		
		A . (f. TV 70704				
	Duinair - L	Austin, TX 78721	Familia and (October 1977)	<u>-</u> ,		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 78/152 Rpt: 81/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_Leibin, Michael 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	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	pation 7 oob title (oce monucions)	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Lester, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 79/152 Rpt: 82/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	Full name of contributor		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Leyva, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing aggr	Austin, TX 78721	Employer (Co.) Instructions			
	Medic Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Leyva, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 80/152 Rpt: 83/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Lidster, Matthew 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	panent cos and (cos menastro)	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Lines, Bradley Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$4.50
	Principal occu 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: 81/152 Rpt: 84/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Cindy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 oos tale (eee mondotone)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Cindy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 82/152 Rpt: 85/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Ramon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deinsinal assu	Austin, TX 78721	Frankrian (Coo Instructions			
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Lozano Avila, Victor Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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: 83/152 Rpt: 86/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 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 05/23/2025	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 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	paner, cos ano (cos menastro)	City of Austin	,		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Mallon, Paul 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 05/23/2025	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 05/09/2025	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)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 84/152 Rpt: 87/157	
2	FILER NAME	County Emorganay Madical Sarvigas Employ	voo BAC	3	Filer ID (Ethics Commission 00053202	Filers)
_		S County Emergency Medical Services Employ	•	╀		
4	Date 05/23/2025			⁷ 	Amount of Contribution (\$)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction: City of Austin	s)		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	05/09/2025	Mancias, Vivian				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Medic		City of Austin	_		
	Date	Full name of contributor ut-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	05/23/2025	Mancias, Vivian				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Medic	pation / cos title (cos methodicine)	City of Austin	٥,		
	Date	Full name of contributor out-of-state PAC		Т	Amount of Contribution (\$)	
	05/09/2025	Martin, Denise				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin TV 70721				
	Drincinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	e)		
	Medic	pation 7 300 title (See Instituctions)	City of Austin	3)		
_		Full manner of contributors		_	Amount of Contribution (Φ)	
	Date 05/23/2025	Full name of contributor ut-of-state PAC Martin, Denise	C (ID#:)		Amount of Contribution (\$)	\$3.00
	03/23/2023					Ψ3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Medic		City of Austin			
_			I			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 85/152 Rpt: 88/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_Martin, Emily 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 05/23/2025	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	pation / vob title (see instructions)	City of Austin	')		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Noah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 05/23/2025	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 05/09/2025	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	<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: 86/152 Rpt: 89/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Martinez, Henry 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin			
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Mason, Bryan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 87/152 Rpt: 90/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 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	i)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ May, Meghan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.27
	Dringing aggr	Austin, TX 78721	Employer (Coo Instruction			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ McClelland, Sterling Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	i)		
	Date 05/23/2025	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 05/09/2025	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)		

ı	MONET	ARY POLITICAL CONTRIBUT	TONS	:	SCHEDULE A1
٦	Γhe Instru	ction Guide explains how to complete thi	is form.	1 Total pages Sch Sch: 88/152 R	
	FILER NAME	County Emergency Medical Convices Employee	DAC.		s Commission Filers)
		s County Emergency Medical Services Employee		00053202	
4 [oate 05/23/2025	5 Full name of contributor out-of-state PAC (II McDaniel, Michael	,	7 Amount of Conti	1bution (\$) \$9.50
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78721	•		
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)	
	Date	Full name of contributor ut-of-state PAC (II	D#:)	Amount of Cont	ribution (\$)
C	05/09/2025	McGarry, Kenneth			\$2.50
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
N	Medic		City of Austin		
	Date	Full name of contributor ut-of-state PAC (II	D#:)	Amount of Cont	ribution (\$)
C)5/23/2025	McGarry, Kenneth			\$2.50
		Contributor address; City; State; Zip Code Austin, TX 78721			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	Medic	pation 7 cos title (coe motions)	City of Austin		
	Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Cont	ribution (\$)
C)5/09/2025	McIntire, Morgan			\$1.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
N	∕ledic		City of Austin		
	Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Cont	ribution (\$)
C	5/23/2025	McIntire, Morgan			\$1.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
N	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: 89/152 Rpt: 92/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Kathleen 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Kathleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing aggr	Austin, TX 78721	Employer (Con Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ McNiff, Katie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Mead, Catrina Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 90/152 Rpt: 93/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 Full name of contributor out-of-state PAC (ID#:_ Mead, Catrina 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Medina, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (See Instructions)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Medina, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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)		

2 FILER	nstruction Guide explains how to complete th		
	instruction Guide explains now to complete the	his form.	1 Total pages Schedule A1: Sch: 91/152 Rpt: 94/157
	NAME	ee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 05/09/	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of Contribution (\$) \$3.00
<u> </u>	Austin, TX 78721	10.5 1 (0.1 1 1	
8 Principa Medic	eal occupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date 05/23/		(ID#:)	Amount of Contribution (\$) \$3.00
	nal occupation / Job title (See Instructions)	Employer (See Instructions	I ;)
Medic Date	Full name of contributor out-of-state PAC	City of Austin	Amount of Contribution (\$)
05/09/		(15.11)	\$3.00
	Austin, TX 78721		
Principa Medic	al occupation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 05/23/		(ID#:)	Amount of Contribution (\$) \$3.00
Principa Medic	nal occupation / Job title (See Instructions)	Employer (See Instructions City of Austin) ()
Date 05/09/	Full name of contributor out-of-state PAC Metzger, Austin Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)	Amount of Contribution (\$) \$3.00
Principa Medic	nal occupation / Job title (See Instructions)	Employer (See Instructions City of Austin) (S)

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 92/152 Rpt: 95/157	
2	FILER NAME	s County Emergency Medical Services Employee	PAC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID:		 -	Amount of Contribution (\$)	
•	05/23/2025	Metzger, Austin	,	ľ	γ and diff of Contained about (φ)	\$3.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date	Full name of contributor out-of-state PAC (ID:	#:)	Τ	Amount of Contribution (\$)	
	05/09/2025	Meyer, Brett				\$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 (\$)	
	05/23/2025	Meyer, Brett				\$3.00
		Contributor address; City; State; Zip Code Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pation / coo title (coo motadants)	City of Austin			
	Date	Full name of contributor ut-of-state PAC (ID:	#:)		Amount of Contribution (\$)	
	05/09/2025	Michaelson, Rebecca				\$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 (\$)	
	05/23/2025	Michaelson, Rebecca				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Medic		City of Austin			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 93/152 Rpt: 96/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Miller, Matthew 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Mireles, Guadalupe Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Mockler, 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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 94/152 Rpt: 97/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Mockler, John 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Molina, Israel 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 (ecc metadotorie)	City of Austin			
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Molinelli, 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Molinelli, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 95/152 Rpt: 98/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Monson, Nancy 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Monson, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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	form.	1	Total pages Schedule A1: Sch: 96/152 Rpt: 99/157	
FILER NAME	s County Emergency Medical Services Employee PAC		3	Filer ID (Ethics Commission 00053202	Filers)
Date	5 Full name of contributor out-of-state PAC (ID#		7	Amount of Contribution (\$)	
05/23/2025	Moore, Alexander			(+)	\$3.00
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
05/09/2025	Moore, Garrett				\$3.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin	_		
Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	ተ ጋ ጋጋ
05/23/2025	Moore, Garrett Contributor address; City; State; Zip Code				\$3.00
	Austin, TX 78721				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Medic	,	City of Austin	,		
Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
05/09/2025	Morris, Kyle				\$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 (\$)	
05/23/2025	Morris, Kyle				\$3.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Medic		City of Austin			

MONET	FARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
The Instru	uction Guide explains how to complete tl	his form.	1 Total pages Schedule A1: Sch: 97/152 Rpt: 100/157
2 FILER NAME Austin Travi	E is County Emergency Medical Services Employe	ee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 05/09/2025	5 Full name of contributor out-of-state PAC Morrison, Timothy		7 Amount of Contribution (\$) \$3.00
O Deineinel een	Austin, TX 78721	Supply on (Condition)	
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	5)
Date 05/23/2025	Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date 05/09/2025	Full name of contributor out-of-state PAC Morton, Rebecca Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$2.00
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date 05/23/2025		(ID#:)	Amount of Contribution (\$) \$2.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	I S)
Date 05/09/2025	Full name of contributor out-of-state PAC Muniz, Brian Contributor address; City; State; Zip Code Austin, TX 78721	(ID#:)	Amount of Contribution (\$) \$2.00
	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: 98/152 Rpt: 101/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Muniz, Brian 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Nance, Megan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (See instructions)	City of Austin	')		
	Date 05/23/2025	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	i)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Negron, Luis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 99/152 Rpt: 102/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Nelson, William 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	i)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Nelson, William 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 7 sob title (See Instructions)	City of Austin	')		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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: 100/152 Rpt: 103/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Noak, Darren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	, , , , , , , , , , , , , , , , , , , ,	City of Austin	,		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Noble, Keith Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Noble, Keith Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 101/152 Rpt: 104/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 Full name of contributor out-of-state PAC (ID#:_Noftle, Rachel 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Noftle, Rachel 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 05/09/2025	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 05/23/2025	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 05/09/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 102/152 Rpt: 105/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Olivo, Nicholas 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Orr, John 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Orr, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Orr, Valeria Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 103/152 Rpt: 106/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Owens, Ashley 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Owens, Ashley 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 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 104/152 Rpt: 107/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Parker, Christine 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	parent for the (ever measure)	City of Austin	,		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Patterson, Roger Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Patterson, Roger Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$4.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 105/152 Rpt: 108/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Penner, 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 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Phillips, Heather Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 106/152 Rpt: 109/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 5 Full name of contributor		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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Phillips, Kyle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin			
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Pizzonia, Alexander Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Pizzonia, Alexander Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 107/152 Rpt: 110/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Plewacki, Thomas 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Plewacki, Thomas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing aggr	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 108/152 Rpt: 111/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Poss, Lauren 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Powell-Evans, Simon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	, ,	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Powell-Evans, Simon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Powers, Kristy Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Powers, Kristy Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 109/152 Rpt: 112/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 5 Full name of contributor out-of-state PAC (ID#:_Price, Amber 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Price, Amber 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 Medic	pation / 300 title (3ee instructions)	City of Austin	<i>)</i>		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Pruiett, Cayden Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Pruiett, Cayden Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Puckett, James Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.30
	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: 110/152 Rpt: 113/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Pursley, Shaun Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Quiroz Mendez, Jesus Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Quiroz Mendez, Jesus Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	€ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 111/152 Rpt: 114/157	,
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Radcliffe, James 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 05/09/2025	Full name of contributor)		Amount of Contribution (\$)	\$13.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	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 05/09/2025	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: 112/152 Rpt: 115/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Nathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.50
	Dringinal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Nathan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$9.50
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Rasmussen, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Rasmussen, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 113/152 Rpt: 116/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Rattan, MaKena 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Rattan, MaKena 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 05/09/2025	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 05/23/2025	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 05/09/2025	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: 114/152 Rpt: 117/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Reader, Robert 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Redd, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.30
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 300 title (See Instructions)	City of Austin			
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Regier, Natalie Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 115/152 Rpt: 118/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Reilly, Susanna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Reilly, Susanna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 spation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 sob title (see instructions)	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 116/152 Rpt: 119/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 Full name of contributor out-of-state PAC (ID#:_ Reyes, Christopher 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Rice, Larry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Medic	pation 7 300 title (See Instructions)	City of Austin			
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 117/152 Rpt: 120/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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: 118/152 Rpt: 121/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Robbins, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / 300 title (3ee instructions)	City of Austin	,		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Rocha, Andrea Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

The Instruction Guide explains how to complete this form. Sch: 119/152 Rpt 2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC 4 Date 05/09/2025 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contributor Out-of-state PAC (ID#:) 7 Amount of Contributor Out-of-state PAC (ID#:) 8 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:) 9 Employer (See Instructions) Out-of-state PAC (ID#:) Amount of Contributor Out-of-state PAC (ID#:) Out-of-sta	MONETA	RY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
Austin Travis County Emergency Medical Services Employee PAC Date S	The Instruction	ion Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 119/152 Rpt: 122/157
Date Date Discription		County Emergency Medical Services Employee Pa	AC	3 Filer ID (Ethics Commission Filers) 00053202
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) City of Austin Amount of Contributor Os/09/2025 Pull name of contributor Out-of-state PAC (ID#:	Date 5 05/09/2025	Full name of contributor)	7 Amount of Contribution (\$) \$2.50
Date O5/23/2025				
Date Full name of contributor Out-of-state PAC (ID#:		tion / Job title (See Instructions)		s)
Medic Date Full name of contributor out-of-state PAC (ID#:		Rodgers, Jared Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2.50
O5/09/2025 Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date O5/23/2025 Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Amount of Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Full name of contributor out-of-state PAC (ID#:		tion / Job title (See Instructions)		s)
Principal occupation / Job title (See Instructions) Medic Date See Instructions City of Austin Amount of Contributor Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) Employer (See Instructions) City of Austin Employer (See Instructions) City of Austin Amount of Contributor Out-of-state PAC (ID#:	l	Rodriguez, Andrew		Amount of Contribution (\$) \$3.00
Medic Date Full name of contributor out-of-state PAC (ID#:		Austin, TX 78721		
O5/23/2025 Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Full name of contributor out-of-state PAC (ID#:) Rodriguez, Giovanni Amount of Contributor		tion / Job title (See Instructions)		s)
Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribu 05/09/2025 Rodriguez, Giovanni		Rodriguez, Andrew Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3.00
05/09/2025 Rodriguez, Giovanni		tion / Job title (See Instructions)	, , ,	s)
Austin, TX 78721	l	Rodriguez, Giovanni Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) City of Austin				s)

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 120/152 Rpt: 123/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 Full name of contributor out-of-state PAC (ID#:_Rodriguez, Giovanni 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Roe, Lillian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Deire size al. a a a co	Austin, TX 78721	Fundament (October National)	_		
	Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)		
	Date 05/23/2025	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	5)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Darren Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	<u> </u>		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Darren Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	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: 121/152 Rpt: 124/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	4C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Wesley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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)		

	IONET	ARY POLITICAL CONTRIBU	JIIONS	SCHEDULE A1
TI	he Instruc	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 122/152 Rpt: 125/157
	LER NAME	s County Emergency Medical Services Employ	vee PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Da		5 Full name of contributor out-of-state PAG Rose, Donald 6 Contributor address; City; State; Zip Code	C (ID#:)	7 Amount of Contribution (\$) \$2.50
		Austin, TX 78721		
	incipal occu edic	pation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	s)
	ate 5/09/2025	Full name of contributor out-of-state PAG Rutledge, Lindsey Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)	Amount of Contribution (\$) \$2.50
	rincipal occu edic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	I s)
	ate 5/23/2025	Full name of contributor out-of-state PAG Rutledge, Lindsey Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$2.50
		Austin, TX 78721		
	incipal occu edic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	s)
	ate 5/09/2025	Full name of contributor out-of-state PAG Salmeron, Alejandro Contributor address; City; State; Zip Code Austin, TX 78721	C (ID#:)	Amount of Contribution (\$) \$3.00
	rincipal occu edic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	I s)
Da	ate 5/23/2025	Full name of contributor out-of-state PAG Salmeron, Alejandro Contributor address; City; State; Zip Code Austin, TX 78721		Amount of Contribution (\$) \$3.00
	rincipal occu	pation / Job title (See Instructions)	Employer (See Instruction	<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: 123/152 Rpt: 126/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward 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 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Scaglione, Daniel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 124/152 Rpt: 127/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Scamman, Alexis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Schulz, Douglas Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Schulz, Douglas Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.30
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 125/152 Rpt: 128/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_Schutt, Kyle 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Schutt, Kyle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Scott, Austin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Scott, Austin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Sedillo, Gabriel Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 126/152 Rpt: 129/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Sircher, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	panent cos and (cos menastro)	City of Austin	,		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Sklar, Estelle Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Sklar, Estelle Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

2 FILER N Austin 7 4 Date 05/09/2	NAME Travis 2025	tion Guide explains how to complete complete complete county Emergency Medical Services En	ete this form.	1	Total pages Schedule A1:	
Austin 7 4 Date 05/09/2	Travis 2025	County Emergency Medical Services En		- 1	Sch: 127/152 Rpt: 130/157	
4 Date 05/09/2	2025		nplovee PAC	3	Filer ID (Ethics Commission 00053202	Filers)
8 Principal			te PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
8 Principa		Austin, TX 78721	la Farala de Construción			
Medic	al occup	ation / Job title (See Instructions)	9 Employer (See Instruction City of Austin	ns)		
Date 05/23/2	2025	Slattery, Christian	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
Principa	al occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)		
Medic			City of Austin			
Date 05/09/2	2025	Full name of contributor out-of-state Sletten, Spencer Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
Principal Medic	al occup	ation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
Date 05/23/2	2025	Sletten, Spencer	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
Principal Medic	al occup	ation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
Date 05/09/2	2025	Smith, Anthony	te PAC (ID#:)		Amount of Contribution (\$)	\$2.50
Principal Medic	al occup	ation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		

The Ins	ruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 128/152 Rpt: 131/157
2 FILER NA Austin Tr	ME Ivis County Emergency Medical Services Employee	e PAC	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 05/23/20	5 Full name of contributor ut-of-state PAC (II	D#:)	7 Amount of Contribution (\$) \$2.50
	Austin, TX 78721		
8 Principal of Medic	ccupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)
Date 05/09/20	1	D#:)	Amount of Contribution (\$) \$3.00
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 05/23/20	Full name of contributor out-of-state PAC (II Smith, Ashlyn Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$3.00
	Austin, TX 78721		
Principal o Medic	ccupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 05/09/20		D#:)	Amount of Contribution (\$) \$3.00
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 05/23/20			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: 129/152 Rpt: 132/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Stedman, Christina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 oob title (oce monuculons)	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Stevens, Mitchell Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 130/152 Rpt: 133/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Stowe, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin	,		
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Stubbs, Brian Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Stubbs, Brian Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.50
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 131/152 Rpt: 134/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Swanner, Emily Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	panent cos and (cos menassione)	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Tait, Grant Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 132/152 Rpt: 135/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Tarrillion, 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	pation 7 oob title (oce monucions)	City of Austin			
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Tekamp, Austin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Tekamp, Austin Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 133/152 Rpt: 136/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin			
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Thompson, Garner Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 134/152 Rpt: 137/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Thompson, Garner 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 oob title (oce monucions)	City of Austin			
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Nichole Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Sarah Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Thornton, Sarah Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	NETARY POLITICAL CONTRIBU	SCHEDULE A1
The I	nstruction Guide explains how to complete	this form. 1 Total pages Schedule A1: Sch: 135/152 Rpt: 138/157
2 FILER Austin	NAME n Travis County Emergency Medical Services Employ	yee PAC 3 Filer ID (Ethics Commission Filers) 00053202
4 Date 05/09/	5 Full name of contributor out-of-state PA	7 Amount of Contribution (\$) \$10.00
	Austin, TX 78721	
8 Princip Medic	pal occupation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin
Date 05/23/		Amount of Contribution (\$) \$10.00
Princip Medic	pal occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin
Date 05/09/	Full name of contributor out-of-state PAG Tompkins, Hannah Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$3.00
	Austin, TX 78721	
Princip Medic	pal occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin
Date 05/23/		C (ID#:) Amount of Contribution (\$) \$3.00
Princip Medic	pal occupation / Job title (See Instructions)	Employer (See Instructions) City of Austin
Date 05/09/	Full name of contributor out-of-state PAI /2025 Toole, Garrett	
Duinain	pal occupation / Job title (See Instructions)	Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 136/152 Rpt: 139/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Toole, Kaytlyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic	pation 7 oob title (oce monucions)	City of Austin			
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Toole, Kaytlyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Torres, Gil Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Torres, Gil Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 137/152 Rpt: 140/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 5 Full name of contributor		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest 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 05/09/2025	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 05/23/2025	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 05/09/2025	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: 138/152 Rpt: 141/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Trojanowski, Mark 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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Trujillo, Hope Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Trujillo, Hope Contributor address; City; State; 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: 139/152 Rpt: 142/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Van Treese, Taylor Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/09/2025	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 05/09/2025	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)		
	Date 05/23/2025	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)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 140/152 Rpt: 143/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Veasna, Renayuddh 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Veasna, Renayuddh 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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Vega, Aldo Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Vega, Aldo Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Villalobos, Ana Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

2 FILER NA	ruction Guide explains how to complete this		
2 FILER NA	dotton Guide explains new to complete this	form.	1 Total pages Schedule A1: Sch: 141/152 Rpt: 144/157
	IE vis County Emergency Medical Services Employee	PAC.	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 05/23/20	5 Full name of contributor out-of-state PAC (IDa	#:)	7 Amount of Contribution (\$) \$3.00
	Austin, TX 78721	1	
8 Principal of Medic	cupation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)
Date 05/09/20		#:)	Amount of Contribution (\$)
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions)
Medic		City of Austin	
Date 05/23/20	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 o Medic	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin	
Date 05/09/20		#:)	Amount of Contribution (\$) \$5.00
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin)
Date 05/23/20		#:)	Amount of Contribution (\$) \$5.00
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions City of Austin)

The Instru				
	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 142/152 Rpt: 145/157		
2 FILER NAME Austin Travi	s County Emergency Medical Services Employee P.		3 Filer ID (Ethics Commission F 00053202	ilers)
4 Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_Walker, Ira 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	\$3.00
	Austin, TX 78721			
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin)	
Date 05/23/2025	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
	upation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date 05/09/2025	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	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721)	Amount of Contribution (\$)	\$2.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Date 05/09/2025	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	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: 143/152 Rpt: 146/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Way, Alexander 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 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Weber, Wyatt Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	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 CONT	RIBUTIONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this form.	- 1	Total pages Schedule A1: Sch: 144/152 Rpt: 147/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services	s Employee PAC		Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025		f-state PAC (ID#:)	+	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	าร)		
	Date 05/23/2025	Full name of contributor out-of Weil, Skyler Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	ns)		
	Date 05/09/2025	Full name of contributor out-of Weldon, Tyler Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.50
		Austin, TX 78721	1			
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instruction City of Austin	าร)		
Medic Date 05/23/2025		Weldon, Tyler Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Medic	·	City of Austin			
	Date 05/09/2025	Welkley, Justin Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$3.00
	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: 145/152 Rpt: 148/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Wesen, Hunter Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	pation 7 cos title (ecc metadotoris)	City of Austin			
	Date 05/23/2025	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 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Westby, Andrew Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Westby, Andrew Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$2.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 146/152 Rpt: 149/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wetzel, Samuel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Austin, TX 78721	Employer (See Instructions			
	Medic Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin)		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ White, Anna Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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: 147/152 Rpt: 150/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 Full name of contributor		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 05/09/2025	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 City of Austin)		
	Date 05/23/2025	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 05/09/2025	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)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wiggin, Stuart Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 148/152 Rpt: 151/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#:_ Wilkinson, David 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	,	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Williams, Dennis Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$5.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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: 149/152 Rpt: 152/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ Wilson, Sydney 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/09/2025	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 05/23/2025	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 05/09/2025	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)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wolber, Bailey Contributor address; City; State; Zip Code Austin, TX 78721)		Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 150/152 Rpt: 153/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	 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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wright, Courtney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
	Medic	, ,	City of Austin	,		
	Date 05/09/2025	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 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wyche, Tyson Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	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	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 151/152 Rpt: 154/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	AC	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/23/2025	 5 Full name of contributor out-of-state PAC (ID#:_ Xie, Selena 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
8	Principal occu Medic	pation / Job title (See Instructions)	9 Employer (See Instructions City of Austin)		
	Date 05/09/2025	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			
	Medic Medic	pation / Job title (See Instructions)	City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Yankiver, Lizabeth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78721				
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Yarbrough, James Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$4.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Yarbrough, James Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$4.00
	Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 152/152 Rpt: 155/157	
2	FILER NAME Austin Travis	s County Emergency Medical Services Employee PA	C	3	Filer ID (Ethics Commission 00053202	Filers)
4	Date 05/09/2025	Full name of contributor		7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78721				
8	Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Yasui, Benjamin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_deOliveira, Courtney Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78721				
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_deOliveira, Courtney Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$3.00
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)		
	•	upation / Job title (See Instructions)		s)		

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3	B Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 157/157		00053202
4 Date	5 Payee name	
05/09/2025	City of Austin	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$38.00	15 Waller	
Expenditure from corporate funds	Austin, TX 78702	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1000	tside of Texas. Complete Schedule T.
EX. ENDITORE	,	TX, officeholder living expense
	Payroll deducti	on fee
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
05/23/2025	City of Austin	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.90		
Φ37.90	15 Waller	
Expenditure from		
corporate funds	Austin, TX 78702	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF		itside of Texas. Complete Schedule T.
EXPENDITURE		TX, officeholder living expense
	Payroll deducti	ion fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		