MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 156				
3 COMMITTEE NAME		00053202	OFFICE USE ONLY		
Austin Travis Cou	nty Emergency Medical Services Employed	e PAC	Date Received		
			ELECTRONICALLY FILED		
			07/04/2025		
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP			
ADDRESS	5817 Wilcab Road Ste 3	- , - ,			
	Austin, TX 78721		Date Hand-delivered or Date Postmarked		
5 CAMPAIGN	MS / MRS / MR FIRST	MI	-		
TREASURER NAME	Ms. Selena		Receipt # Amount		
	NICKNAME LAST	SUFFI	Date Processed		
	Xie		Date Imaged		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE		
TREASURER STREET	4710 Heflin Ln.				
ADDRESS					
(Residence or Business)	Austin, TX 78721				
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE		
TREASURER MAILING	4710 Heflin Ln.				
ADDRESS					
	Austin, TX 78721				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(214) 228-9321				
	()				
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)		
		L treasurer termination			
10 MONTHLY REPORT FILING	January 5 April	5 X July 5	October 5		
DEADLINE					
	February 5 May	5 August 5	November 5		
	March 5 June	e 5 September 5	December 5		
11 PERIOD	Month Day Year	Month	Day Year		
COVERED	05/26/2025	THROUGH 06/25/2			
	1				
	GO TO PAGE 2				
Forms provided by Te		thics.state.tx.us	Version V4.1.0.f10d0fd8		
i onno proviucu by Te					

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin Travis County Er	mergency Medical Serv	rices Employee PAC	0005320	2
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,229.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	75.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	105,742.79
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Se	lena Xie	
		Signature of Car	npaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tr	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.f10d0fd8

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 156

17 COMM	ITTEE NAME	18 Filer ID	(Ethics Commission Filers)
Austin	Travis County Emergency Medical Services Employee PAC	00053202	
	OULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
			a 2 220 70
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,229.70
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$
9.)	SCHEDULE E: LOANS		\$ 0.00
10. 🔉	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 75.40
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/151 Rpt: 4/156
2 FILER NAME		1	3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
06/06/2025	Abdelhadi, Leila		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u>β</u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Abdelhadi, Leila		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	-,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Abernathy, Kayla		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	[
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	~
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Abernathy, Kayla		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	[
Medic		City of Austin	<i>,</i> ,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Ackland, Georgia		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	~\
Medic		City of Austin	>)
Wicalo			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/151 Rpt: 5/156
2 FILER NAME	RNAME		3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/20/2025	Ackland, Georgia		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Adcock, Brandon		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>'</i>
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 06/20/2025			Amount of Contribution (\$) \$3.00
0012012025			ψο.ου
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Aguilar, Ricardo		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		-
	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Aguilar, Ricardo		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>'</i>
mean			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/151 Rpt: 6/156
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#: Albear, Oscar)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	s)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Albear, Oscar		\$3.00
	Contributor address; City; State; Zip Code		
Duin singly good	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Allen, Janel		\$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	·/
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Allen, Janel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Almaguer, Luis		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	<i>'</i>
		<u> </u>	

orm.	1 Total pages Schedule A1: Sch: 4/151 Rpt: 7/156
FILER NAME	
Austin Travis County Emergency Medical Services Employee PAC	
Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/20/2025 Almaguer, Luis 6 Contributor address; City; State; Zip Code 7	
9 Employer (See Instructions) City of Austin	
)	Amount of Contribution (\$)
	\$5.00
	1
)	Amount of Contribution (\$)
	\$5.00
Employer (See Instructions)	
City of Austin	
)	Amount of Contribution (\$)
	\$1.00
Employer (See Instructions) City of Austin	
)	Amount of Contribution (\$)
	\$1.00
Employer (See Instructions)	
	C C C C C C C C C C C C C C C C C C C

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 5/151 Rpt: 8/156
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/06/2025	Anthon, McKenna		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Anthon, McKenna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Medic		City of Austin)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 06/06/2025			Amount of Contribution (\$) \$3.00
00/00/2023			ψ0.00
	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 (\$)
06/20/2025	Armas, David		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1 <u>-</u> , <u>/o</u> kratnation	-
-	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 (\$)
06/06/2025	Armstrong, Charles		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	() ;)
Medic		City of Austin	,
-			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/151 Rpt: 9/156	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
_		s County Emergency Medical Services Employee PA	AC		00053202	
4	Date 5 Full name of contributor Image: out-of-state PAC (ID#:))	7	Amount of Contribution (\$)	
	06/20/2025	Armstrong, Charles				\$1.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Austin, TX 78721				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	06/06/2025	Arocha-Guerra, Val				\$3.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Austin, TX 78721				
	Principal occu	ipation / 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 (\$)	
	06/20/2025	Arocha-Guerra, Val				\$3.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Austin, TX 78721				
	Principal occu	ipation / 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 (\$)	
	06/06/2025	Aubin, Scott				\$3.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Austin, TX 78721				
	Principal occu	ipation / 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 (\$)	
	06/20/2025	Aubin, Scott				\$3.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			

The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/151 Rpt: 10/156
2 FILER N	FILER NAME		3 Filer ID (Ethics Commission Filers)
	ravis County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2			\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Date Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)
06/06/2	06/06/2025 Avila, America		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u>۲</u> ۵)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
06/20/2			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u>۲</u> ۵)
Medic	•	City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2		/	\$2.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Medic	·····	City of Austin	<i>,</i>

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/151 Rpt: 11/156
P FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Azelton, Andrew		\$2.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	() ()
Medic		City of Austin	·)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Azuara Mendez, Elvia		\$3.27
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	()
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	, , , , , , , , , , , , , , , , , , ,	Amount of Contribution (\$)
06/20/2025	Full name of contributor out-of-state PAC (ID#: Azuara Mendez, Elvia)	\$3.27
00/20/2023	Contributor address; City; State; Zip Code		40.27
	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 (\$)
06/06/2025	Bailey, Charles		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / 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 (\$)
06/20/2025	Bailey, Charles		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)
Medic	· · ·	City of Austin	
		I	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/151 Rpt: 12/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Austin Travis	s County Emergency Medical Services Employee P	YAC	1	00053202	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/06/2025	Bailey, James				\$3.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78721				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/20/2025	Bailey, James				\$3.00
	Contributor address; City; State; Zip Code		1			
		Austin, TX 78721				
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			
	Date Full name of contributor out-of-state PAC (ID#:)		Γ	Amount of Contribution (\$)		
	06/06/2025	Bailey, Michael				\$3.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78721	i			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Medic		City of Austin			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	06/20/2025	Bailey, Michael				\$3.00
		Contributor address; City; State; Zip Code		1		
	Drinsipal agai	Austin, TX 78721		<u> </u>		
	Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)		
				, 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 2 00
	06/06/2025	Baker, Alexander				\$3.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721				
	Bringinal occu	apation / Job title (See Instructions)	Employer (See Instructions			
	Medic		City of Austin	5)		
1						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 10/151 Rpt: 13/156
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
06/20/2025 Baker, Alexander	\$3.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0 City of Austin	structions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/06/2025 Baker, Amanda	\$2.50
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Medic City of Austin	
) Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Baker, Amanda	Anount of contribution (\$) \$2.50
Contributor address; City; State; Zip Code	
Contributor address, City, State, Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/06/2025 Baker, Coty	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)Employer (See Instructions)MedicCity of Austin	structions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/20/2025 Baker, Coty	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Medic City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/151 Rpt: 14/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#: Baker, Travis)	7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Baker, Travis		\$3.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Balboa, Adam		\$2.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/20/2025	Balboa, Adam		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Barch-Chandler, Travis		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	<i>•</i>

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 12/151 Rpt: 15/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Barch-Chandler, Travis		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic	·	City of Austin	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Princinal occu	Austin, TX 78721 Ipation / 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 (\$)
06/20/2025	Barnhart, Jennifer		\$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 (\$)
06/06/2025	Barr, Jaelithe		\$1.00
			•
	Austin, TX 78721		
Principal occu	ipation / 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 (\$)
06/06/2025	Bauhs, Isabel		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 13/151 Rpt: 16/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Bauhs, Isabel)	7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Beaver, Camille		\$10.00
	Contributor address; City; State; Zip Code		
Drivainal	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Beaver, Camille Contributor address; City; State; Zip Code		\$10.00
	Austin, TX 78721		
Princinal occu	upation / 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 (\$)
06/06/2025	Bell, Jory		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Bell, Jory		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Medic		City of Austin	,
		1	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 14/151 Rpt: 17/156
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Bernal, Erica		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Bernal, Erica		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	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 (\$)
06/06/2025	Black, Jessica		\$3.00
	Contributor address; City; State; Zip Code		
D in the lease	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	i)
	1		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025			\$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	<i>,</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Blais, Braden	/	\$3.00
00,00,2022	Contributor address; City; State: Zip Code		
	CUltimbutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 15/151 Rpt: 18/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee Pr	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025			\$3.00
	6 Contributor address; City; State; Zip Code		
2 Deir singligger	Austin, TX 78721		Į
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Blume, Michael		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Blume, Michael		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)
06/06/2025	Bockewitz, William		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Bockewitz, William Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	β)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 16/151 Rpt: 19/156	
2 FILER NAME			3	-	ı Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC		00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/06/2025	Bostrom, Shanna				\$3.00
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78721	-			
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
Medic		City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/20/2025	Bostrom, Shanna				\$3.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78721	1			
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Medic		City of Austin	_		
Date	Full name of contributor out-of-state PAC (ID#:_)	T	Amount of Contribution (\$)	
06/06/2025	Braunstein, Spencer				\$10.00
	Contributor address; City; State; Zip Code]		
Dringing ago	Austin, TX 78721				
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)		
			—		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷10.00
06/20/2025	Braunstein, Spencer				\$10.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ر) ا		
Medic		City of Austin	5)		
			—	Associated Contribution (\$)	
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Brazelton, Reese)		Amount of Contribution (\$)	\$3.00
00/00/2023	Contributor address; City; State; Zip Code				ψ0.00
	Austin, TX 78721				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
Medic	panon, oca and (,	City of Austin	-,		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 17/151 Rpt: 20/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC			00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2025	Brazelton, Reese		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	•	
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Brindley, Jordan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)
			Amount of Contribution (\$)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Brindley, Jordan)	Amount of Contribution (\$) \$3.00
0012012025			φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Broadbent, Kolby		\$3.00
	Contributor address; City; State; Zip Code		1
Di indaan	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	3)
	·	City of Austin	T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Broadbent, Kolby		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	<i>''</i>

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 18/151 Rpt: 21/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#: Brown, Christopher)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Brown, Christopher		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Brown, Johnathan		\$3.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/20/2025	Brown, Johnathan		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Brunson, Savannah		\$3.00
	Contributor address; City; State; Zip Code		
- · · · · · · · · · · ·	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/151 Rpt: 22/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
06/20/2025	Brunson, Savannah		\$3.00
	6 Contributor address; City; State; Zip Code		
	Auctio TV 70701		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	9 Employer (See Instructions	>)
Medic		City of Austin	') '
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/06/2025	Bumpus, Ross		\$1.00
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Bumpus, Ross		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Burgoyne, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / 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 (\$)
06/20/2025	Burgoyne, James		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/151 Rpt: 23/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Bynum, Gillian		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		-
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Medic	·	City of Austin	
Date	—)	Amount of Contribution (\$)
06/20/2025			\$3.0
	Contributor address; City; State; Zip Code		
	Augustin TV 70701		
Dringingl oogu	Austin, TX 78721		<u> </u>
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions)
	1	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Cabrera, Ryan		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin)
		<u> </u>	Amount of Contribution (\$)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Cabrera, Ryan)	Amount of Contribution (\$) \$3.0
0012012023			φυ.υ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Cain, Christopher	/	\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 21/151 Rpt: 24/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Cain, Christopher		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Dale 06/06/2025	Full name of contributor out-of-state PAC (ID#: Calderon, Audrey)	Amount of Contribution (\$) \$0.27
00/00/2023	-		ψυ.Ζι
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Calderon, Audrey		\$0.27
	Contributor address; City; State; Zip Code		1
Duits singly approx	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$3.00
06/06/2025	Cantonis, Carl		\$3:00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u>.</u>)	Amount of Contribution (\$)
06/20/2025	Cantonis, Carl		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing ago	Austin, TX 78721		-
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 22/151 Rpt: 25/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#: Cantu, Micah)	7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Cantu, Micah		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Carter, Emma		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Carter, Emma		\$3.00
	Contributor address; City; State; Zip Code		1
	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 (\$)
06/06/2025	Cavarretta, James		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	Σ
Medic		City of Austin	
		1	

Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC 00053202 I Date 5 Full mare of contributor out-of-state PAC (Der) 7 Amount of Contribution (\$) 06/20/2025 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 1 Principal accupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (Der	The Instru	ction Guide explains how to complete this f	orm.	
Austin Travis County Emergency Medical Services Employee PAC 00053202 Date 5 Full name of contributor out-of-state PAC (Dot 1 Od/20/2025 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 9 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (Dot Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (Dot Amount of Contribution (\$) 06/06/2025 Celani, Anthony Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (Dot Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (Dot Amount of Contribution (\$) 06/20/2025 Full name of contributor out-of-state PAC (Dot Amount of Contribution (\$) 06/20/2025 Full name of contributor out-of-state PAC (Dot Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (Dot Amount of Contribution (\$) 06/06/2025 Cendejas, Jacqueline City of Austin	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
06/20/2025 Cavarretta, James \$3.00 6 Contributor address: City: State: Zip Code Austin, TX 78721 9 Employer (See Instructions) Amount of Contribution (S) Celani, Anthony Celani, Anthony S3.00 06/06/2025 Full name of contributor out-of-state PAC (D# Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (D# Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (D# Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (D# Amount of Contribution (S) 06/20/2025 Full name of contributor out-of-state PAC (D# Amount of Contribution (S) 06/20/2025 Full name of contributor out-of-state PAC (D# Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (D# Amount of Contribution (S) 06/06/2025 Cendejas, Jacqueline out-of-state PAC (D# Amount of Contribution (S) 06/06/2025 Cendejas, Jacqueline City of Austin S3.00 06/06/2025 Full name of contributor ou-of-state PAC (D# Amount of Contribution (S)	Austin Travis	s County Emergency Medical Services Employee Pi		
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/151 Rpt: 27/156	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
Austin Travis County Emergency Medical Services Employee PAC			00053202	1010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/06/2025	Charboneau, Christian			\$3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2025	Charboneau, Christian			\$3.00
Ī	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	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 (\$)	
06/06/2025	Chavez, Erin			\$3.00
	Contributor address: City: State: Zin Cade			
	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	Austin, TX 78721			
		Employer (See Instructions))	
Principal occu Medic	Austin, TX 78721	Employer (See Instructions) City of Austin)	
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Medic	Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin	City of Austin)		\$3.00
Medic Date	Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin)		\$3.00
Medic Date	Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin	City of Austin)		\$3.00
Medic Date	Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin Contributor address; City; State; Zip Code	City of Austin)		\$3.00
Medic Date 06/20/2025	Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 06/20/2025 Principal occup	Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/20/2025	Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 06/20/2025 Principal occup	Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Chavez, Erin Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/151 Rpt: 28/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Chhabra, Ranjit		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$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	<i>,</i>
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/20/2025	Ciminera, Joseph	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Cisneros, Kevin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	>)
Medic		City of Austin	<i>י</i> ן
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
06/20/2025	Cisneros, Kevin	/	\$3.00
00/20/2022	Contributor address; City; State; Zip Code		· · · · · ·
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 26/151 Rpt: 29/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Clark, Rajiv		\$3.00
	6 Contributor address; City; State; Zip Code		
2 Dringingloogu	Austin, TX 78721		<u> </u>
8 Principal occu Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin)
Date)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / 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 (\$)
06/06/2025	Clark, William		\$1.00
0010012020			+1.00
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Clark, William		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	ipation / Job title (See Instructions)	Employer (See Instructions)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Clarkson, Diana		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin)
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The Instruction Guide explains how to complete this form. 1 Total pages Shale like 11: Sch: 27/151 Rpt: 30/156 2 FILER NAME 3 Filer (D Ethics Commission Filers) Austin Travis County Emergency Medical Services Employee PAC 3 Filer (D Ethics Commission Filers) 06/20/2025 Clarkson, Diana 0 tot of state PAC (Dom) 7 Amount of Contribution (\$) 6 Contributor address; City, State: Zip Code 2 State: Zip Code 2 Amount of Contribution (\$) 3 Principal cocupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 6 Contributor address; City, State: Zip Code 2 Amount of Contribution (\$) 3 S2.50 06/06/2025 Cluskey, Francis 9 Employer (See Instructions) Amount of Contribution (\$) 06/06/2025 Cluskey, Francis Employer (See Instructions) S2.50 O6/20/2025 Cluskey, Francis Contributor address; City, State: Zip Code Amount of Contribution (\$) 06/06/2025 Contributor address; City, State: Zip Code Amount of Contribution (\$) \$2.50 Officier Contributor address; City, State: Zip Code Amount of Contribution (\$) \$3.00 O6/202025 Full name of contributor City of Austin Amount of Contribution (\$) \$3.00				
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	06/20/2025			\$3.00
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Cole, Jason		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	Σ δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Cole, Jason		\$3.00
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	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Coleman, James		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	ipation / 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 (\$)
06/20/2025	Coleman, James		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
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Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Cooper, Matthew		\$3.00
••••	Contributor address; City; State; Zip Code		·
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	Γ δ)
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Cooper, Matthew		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
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Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Cornwall, Angela		\$2.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
•	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Costantino, John		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/20/2025	Costantino, John	/	\$5.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
06/20/2025	Crouch, William		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Medic		City of Austin	5/
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Cruz Zarate, Hector		\$3.00
	Contributor address; City; State; Zip Code		
	Aug/20 70704		
Principal occu	Austin, TX 78721 Ipation / Job title (See Instructions)	Employer (See Instructions	>>
Medic		City of Austin	>/
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)
06/20/2025	Cruz Zarate, Hector	/	\$3.00
	Contributor address; City; State; Zip Code		
Dringing ogg	Austin, TX 78721		~
Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date	Full name of contributorout-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/06/2025	Cullens, Malik	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		Į
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Cullens, Malik)	Amount of Contribution (\$) \$3.00
00/20/2020	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/151 Rpt: 35/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	-) -)
Austin Travis County Emergency Medical Services Employee PAC			00053202	"
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/06/2025	Cummings, Daniel		\$2	2.00
	6 Contributor address; City; State; Zip Code			
Dringinglocour	Austin, TX 78721	Employer (See Instructions)		
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 (\$)	
06/20/2025	Cummings, Daniel		\$2	2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	1	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/06/2025	Damron, William		\$3	3.27
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	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 (\$)	
06/20/2025	Damron, William		\$3	3.27
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	Austin, TX 78721 Dation / Job title (See Instructions)	Employer (See Instructions) City of Austin	1	
Medic	pation / Job title (See Instructions)	City of Austin		
	Dation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:)	City of Austin	Amount of Contribution (\$)	3.00
Medic Date	pation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	3.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Dantas, Felipe	City of Austin	Amount of Contribution (\$)	3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Dantas, Felipe Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	3.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Dantas, Felipe Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$) \$3	3.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Dantas, Felipe Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$) \$3	3.00

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 33/151 Rpt: 36/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202	
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Dantas, Felipe)	7 Amount of Contribution (\$)\$3.00	
	6 Contributor address; City; State; Zip Code		4	
	Austin, TX 78721			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Davis, Kenneth		\$3.00	
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Medic		City of Austin	»)	
		-	Amount of Contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2025	Davis, Kenneth		\$3.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Davis, Richard		\$3.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / 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 (\$)	
06/20/2025	Davis, Richard		\$3.00	
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Medic		City of Austin		
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		r		
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/151 Rpt: 37/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	:)
	County Emergency Medical Services Employee PA		00053202	~
1 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/06/2025	DeLong, Jonathan		\$3	3.00
ľ	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2025	DeLong, Jonathan		\$3	3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occur	bation / Job title (See Instructions)	Employer (See Instructions))	
Medic		City of Austin	'	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/06/2025	Dean-Masse, Dustin	/		3.00
	Contributor address; City; State; Zip Code			0.2
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Medic		City of Austin		
Date				
	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2025	Full name of contributor out-of-state PAC (ID#: Dean-Masse, Dustin)		3.00
	Dean-Masse, Dustin)		3.00
	Dean-Masse, Dustin)		3.00
	Dean-Masse, Dustin)		3.00
06/20/2025	Dean-Masse, Dustin Contributor address; City; State; Zip Code)	\$3	3.00
06/20/2025	Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721) Employer (See Instructions) City of Austin	\$3	3.00
06/20/2025 Principal occup	Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721		\$3	3.00
06/20/2025 Principal occup Medic	Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)		\$3) Amount of Contribution (\$)	3.00
06/20/2025 Principal occup Medic Date	Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:		\$3) Amount of Contribution (\$)	
06/20/2025 Principal occup Medic Date	Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah		\$3) Amount of Contribution (\$)	
06/20/2025 Principal occup Medic Date	Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Derion, Sarah Contributor address; City; State; Zip Code		\$3) Amount of Contribution (\$)	
06/20/2025 Principal occup Medic Date 06/06/2025	Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Derion, Sarah Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	\$:) Amount of Contribution (\$) \$:	
06/20/2025 Principal occup Medic Date 06/06/2025	Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Derion, Sarah Contributor address; City; State; Zip Code		\$:) Amount of Contribution (\$) \$:	

6 Contributor address; City; State; Zip Code Austin, TX 78721 Austin, TX 78721 8 Principal occuration / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	ers) \$3.00 \$1.00
Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/20/2025 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) Nedic 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Dionizio, James Contributor address; City; State; Zip Code Amount of Contribution (\$)	\$3.00
Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/20/2025 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Medic Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$3.00
06/20/2025 Derion, Sarah \$ 6 Contributor address; City; State; Zip Code \$ Austin, TX 78721 \$ 8 Principal occupation / Job title (See Instructions) Medic \$ Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$ Contributor address; City; State; Zip Code \$	
6 Contributor address; City; State; Zip Code Austin, TX 78721 Austin, TX 78721 8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Dionizio, James S S Contributor address; City; State; Zip Code S S	
6 Contributor address; City; State; Zip Code Austin, TX 78721 9 8 Principal occupation / Job title (See Instructions) Medic 9 Date Full name of contributor out-of-state PAC (ID#:) Dionizio, James Amount of Contribution (\$) Contributor address; City; State; Zip Code 4	\$1.00
8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Dionizio, James \$ Contributor address; City; State; Zip Code \$	\$1.00
8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Dionizio, James \$ Contributor address; City; State; Zip Code \$	\$1.00
8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Dionizio, James \$ Contributor address; City; State; Zip Code \$	\$1.00
Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Dionizio, James S Contributor address; City; State; Zip Code Image: Contributor address S	\$1.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/06/2025 Dionizio, James \$ Contributor address; City; State; Zip Code \$	\$1.00
06/06/2025 Dionizio, James Contributor address; City; State; Zip Code	\$1.00
Contributor address; City; State; Zip Code	\$1.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Austin, TX 78721	
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 Contribution (\$)	
06/20/2025 Dionizio, James	\$1.00
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 Contribution (\$)	
06/06/2025 Donohoe, John	\$2.50
Contributor address; City; State; Zip Code	
Δustin TX 78721	
Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin	
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 Contribution (\$)	¢2 50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Donohoe, John \$	\$2.50
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 Contribution (\$)	\$2.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Donohoe, John \$	\$2.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Donohoe, John Contributor address; City; State; Zip Code Amount of Contribution (\$)	\$2.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Donohoe, John Contributor address; City; State; Zip Code Austin, TX 78721	\$2.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Donohoe, John Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78721 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$2.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Donohoe, John Contributor address; City; State; Zip Code Austin, TX 78721	\$2.50

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 36/151 Rpt: 39/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/06/2025	Draper, Joseph		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	i	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Draper, Joseph		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	*)
			(d)
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$3.00
00/00/2023			φο.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Duran, Bryan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Durham, David		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	»)
Medio			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/151 Rpt: 40/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee P		00053202	,
1 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/20/2025	Durham, David			\$1.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occup Medic	pation / Job title (See Instructions)	 9 Employer (See Instructions) City of Austin 		
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	*4 00
06/06/2025				\$1.30
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occur	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 (\$)	
06/20/2025	Echevarria, Edgardo			\$1.30
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
Principal occup Medic		Employer (See Instructions) City of Austin		
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
Medic	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025 Principal occup	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025 Principal occup Medic	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025 Principal occur Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occur Medic Date	pation / Job title (See Instructions) Full name of contributor Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna	City of Austin	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occur Medic Date	pation / Job title (See Instructions) Full name of contributor Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna	City of Austin	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occur Medic Date	pation / Job title (See Instructions) Full name of contributor Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna	City of Austin	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occur Medic Date 06/20/2025	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Edmonson, Savanna Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/151 Rpt: 41/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee PA		00053202	,
1 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/06/2025	Eeten, John			\$5.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occur	Dation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2025	Eeten, John			\$5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	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 (\$)	* 2 00
06/06/2025	Efe Aluebhosele, Onome			\$3.00
	Contributor address; City; State; Zip Code			
	A _#_ TV 20204			
Dringing occur	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date				
06/20/2025	Full name of contributor)	Amount of Contribution (\$)	
	Full name of contributor out-of-state PAC (ID#: Efe Aluebhosele, Onome)	Amount of Contribution (\$)	\$3.00
00,20,2020	Efe Aluebhosele, Onome		Amount of Contribution (\$)	\$3.00
	Efe Aluebhosele, Onome		Amount of Contribution (\$)	\$3.00
	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00
	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721			\$3.00
	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code	Employer (See Instructions)		\$3.00
Principal occup Medic	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions)			\$3.00
Principal occur	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions)		\$3.00
Principal occur Medic Date	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo	Employer (See Instructions)		
Principal occur Medic Date	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions)		
Principal occur Medic Date	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo Contributor address; City; State; Zip Code	Employer (See Instructions)		
Principal occur Medic Date	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo	Employer (See Instructions)		
Principal occur Medic Date 06/06/2025	Efe Aluebhosele, Onome Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Eguia, Eduardo Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			Sch: 39/151 Rpt: 42/156 3 Filer ID (Ethics Commission Filers)
	: is County Emergency Medical Services Employee P	PAC	00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)
06/20/2025			\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		<u> </u>
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$3.00
00/00/2023			φο.υυ ·
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Elbel, Amber		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic	, parlon / 002 and (000 men autor),	City of Austin	<i>''</i>
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Elizardo, Daniel		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	3)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
			\$)

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 40/151 Rpt: 43/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Ellis, Rebecca		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Ellis, Rebecca		\$3.00
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Emmick, Christopher		\$4.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>
Medic	,	City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/20/2025	Emmick, Christopher	,	\$4.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/06/2025	Engstrom, Justin		\$1.50
	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)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/151 Rpt: 44/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	s)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202	
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Engstrom, Justin		7 Amount of Contribution (\$) \$	\$1.50
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Ermentraut, Diana		\$	\$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#:	<u> </u>	Amount of Contribution (\$)	
06/20/2025	Full name of contributor out-of-state PAC (ID#: Ermentraut, Diana	/		\$3.00
00/20/2020	Contributor address; City; State; Zip Code		~	50.00
	Austin, TX 78721			
•	pation / Job title (See Instructions)	Employer (See Instructions)		
Medic	· · · · ·	City of Austin		
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	
Medic	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Falder, William Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Falder, William Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025 Principal occu	Full name of contributor out-of-state PAC (ID#: Falder, William Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025 Principal occu Medic	Full name of contributor out-of-state PAC (ID#:_ Falder, William Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	\$3.00 \$3.00
Medic Date 06/06/2025 Principal occu Medic Date	Full name of contributor out-of-state PAC (ID#:_ Falder, William Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occu Medic Date	Full name of contributor out-of-state PAC (ID#:_ Falder, William Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Falder, William Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occu Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Falder, William Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Falder, William Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$) \$ Amount of Contribution (\$)	

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 42/151 Rpt: 45/156
2 FILER NAME		:	3 Filer ID (Ethics Commission Filers)
Austin Travis	County Emergency Medical Services Employee F	PAC	00053202
4 Date 06/06/2025	5 Full name of contributor Out-of-state PAC (ID# Ferguson, John	:) 7	7 Amount of Contribution (\$) \$2.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
B Principal occup 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 (\$)
06/20/2025	Ferguson, John		\$2.
	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 (\$)
06/06/2025	Ferguson, Thomas		\$1.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
Date			
Date	Full name of contributor Dut-of-state PAC (ID#	:)	Amount of Contribution (\$)
06/20/2025	Ferguson, Thomas	:)	Amount of Contribution (\$) \$1.
)	
	Ferguson, Thomas		\$1.
06/20/2025	Ferguson, Thomas Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	\$1.
06/20/2025 Principal occu	Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	\$1.
06/20/2025 Principal occu Medic	Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	\$1.
06/20/2025 Principal occu Medic Date	Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Fernandez, Eric	Employer (See Instructions) City of Austin	\$1. Amount of Contribution (\$)
06/20/2025 Principal occu Medic Date 06/06/2025	Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Gout-of-state PAC (ID# Fernandez, Eric Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	\$1. Amount of Contribution (\$) \$3.

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 43/151 Rpt: 46/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Fernandez, Eric)	7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Figueroa, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	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 (\$)
06/20/2025	Figueroa, Joshua		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / 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 (\$)
06/06/2025	Finch, Walter		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	š)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Finch, Walter Contributor address; City; State; Zip Code		\$1.00
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	Γ S)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 44/151 Rpt: 47/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Fitzpatrick, Bryan		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Fitzpatrick, Bryan		\$5.00
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Flanagan, Rilie		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Flanagan, Rilie		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Flores, Raul		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	
		<u> </u>	

The Instruction				
	on Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 45/151 Rpt: 48/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	ounty Emergency Medical Services Employee PA		00053202	
4 Date 5	Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/20/2025	Flores, Raul			\$3.00
6	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occupat	ion / Job title (See Instructions)	9 Employer (See Instructions))	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/06/2025	Flores, Robert			\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721	<u> </u>		
	ion / Job title (See Instructions)	Employer (See Instructions)	1	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2025	Flores, Robert			\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions))	
Medic		City of Austin		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Flores, Tiana			\$3.00
		1		
	Austin, TX 78721			
	Austin, TX 78721 ion / Job title (See Instructions)	Employer (See Instructions)	,	
Principal occupat Medic		Employer (See Instructions) City of Austin)	
) Amount of Contribution (\$)	
Medic	ion / Job title (See Instructions)			\$3.00
Medic Date	ion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:			\$3.00
Medic Date	ion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:			\$3.00
Medic Date	ion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Flores, Tiana Contributor address; City; State; Zip Code			\$3.00
Medic Date 06/20/2025	ion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Flores, Tiana Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$3.00
Medic Date 06/20/2025	ion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Flores, Tiana Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3.00

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 46/151 Rpt: 49/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/06/2025			7 Amount of Contribution (\$)\$2.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Fuentes, Timothy		\$2.00
	Contributor address; City; State; Zip Code	••••••	1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	· ·
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/06/2025	Gallio, Riane	/	\$3.00
00,00,2020	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Gallio, Riane		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic		City of Austin	·/
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Galloway, Rose		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 47/151 Rpt: 50/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/20/2025	06/20/2025 Galloway, Rose		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Garcia, Bianca		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Garcia, Bianca		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Garcia, Devin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Garcia, Devin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	_	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/151 Rpt: 51/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/06/2025			7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Gardner, Dale		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Garrett, Christina		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Garrett, Christina		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1 s)
Medic		City of Austin	·,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Gastelum, Aaron	/	\$1.00
00/00/2020	Contributor address; City; State; Zip Code		
	Continuutor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 49/151 Rpt: 52/156
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
06/20/2025 Gastelum, Aaron	\$1.00
6 Contributor address; City; State; Zip Code	·····
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (See	
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
06/06/2025 Godinez, Allyson	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See	
Medic City of Austin	·
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
06/20/2025 Godinez, Allyson	\$3.00
Contributor address; City; State; Zip Code	
Austin TV 70701	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)Employer (SeeMedicCity of Austin	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/06/2025 Gold, Mora	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Medic City of Austin	I
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/20/2025 Gold, Mora	\$3.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Medic City of Austin	I

The Instrue				
The instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 50/151 Rpt: 53/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee PA		00053202	
4 Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
06/06/2025	06/06/2025 Gonzales - Dick, Alyssa		:	\$3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2025	Gonzales - Dick, Alyssa	/		\$3.00
	contributor address, ony, state, zip code			
	Austin, TX 78721			
Principal occup	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 (\$)	
06/06/2025	Gordon, Jennifer)		\$1.00
				φ1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	Austin, TX 78721 Dation / Job title (See Instructions)	Employer (See Instructions)		
Principal occup Medic		Employer (See Instructions) City of Austin	1	
		City of Austin	Amount of Contribution (\$)	
Medic	pation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date 06/20/2025	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date 06/20/2025 Principal occup	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date 06/20/2025 Principal occup Medic	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date 06/20/2025 Principal occup Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_Gordon, Jennifer Gordon, Jennifer contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Gowe, Kathleen	City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Gowe, Kathleen	City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Gowe, Kathleen	City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025 Principal occup Medic Date 06/06/2025	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Gowe, Kathleen Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 51/151 Rpt: 54/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/20/2025			7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code		·
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Gregson, Jordan		\$3.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Gregson, Jordan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Griffin, Bradley		\$3.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
	upation / 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 (\$)
06/20/2025	Griffin, Bradley		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

ide explains how to complete this f	form.	1 Total pages Schedule A1:	
		Sch: 52/151 Rpt: 55/156	
		3 Filer ID (Ethics Commission F	-ilers)
Emergency Medical Services Employee P		00053202	10.0,
ate 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
06/06/2025 Griffith, Kimberly			\$5.00
outor address; City; State; Zip Code			
) title (See Instructions)			
	<u> </u>		
)	Amount of Contribution (\$)	÷= 00
-			\$5.00
outor address; City; State; Zip Code			
1 TX 78721			
	Employer (See Instructions)		
	City of Austin		
ume of contributor	<u> </u>	Amount of Contribution (\$)	
	,		\$3.00
-			Ŧ -
ı, TX 78721			
o title (See Instructions)	Employer (See Instructions)		
	City of Austin		
me of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
			\$3.00
י TX 78721			
	Employer (See Instructions)		
,	City of Austin		
ume of contributor	<u> </u>	Amount of Contribution (\$)	
hloh, Jodie	/	Amount of Contribution (+)	\$3.00
			T • •
butor address: City: State: Zin Code	1		
butor address; City; State; Zip Code			
butor address; City; State; Zip Code			
butor address; City; State; Zip Code n, TX 78721			
	Employer (See Instructions)		
n k la kik n k la vik n k la vik n k l	butor address; City; State; Zip Code n, TX 78721 b title (See Instructions) ame of contributor	n, TX 78721 b title (See Instructions) b title (See Instructions) city of Austin ame of contributor n, TX 78721 b title (See Instructions) city of Austin ame of contributor out-of-state PAC (ID#:) total diress; City; State; Zip Code n, TX 78721 b title (See Instructions) city of Austin ame of contributor out-of-state PAC (ID#:) b title (See Instructions) city of Austin ame of contributor n, TX 78721 b title (See Instructions) city of Austin ame of contributor n, TX 78721 b title (See Instructions) city of Austin ame of contributor out-of-state PAC (ID#:) b title (See Instructions) city of Austin ame of contributor n, TX 78721 b title (See Instructions) city of Austin ame of contributor n, TX 78721 b title (See Instructions) city of Austin ame of contributor n, TX 78721 b title (See Instructions) city of Austin ame of contributor n, TX 78721 b title (See Instructions) city of Austin city of Austin b title (See Instructions) city of Austin city of Austin	butor address; City; State; Zip Code n, TX 78721 b title (See Instructions) 9 Employer (See Instructions) City of Austin ame of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) h, Kimberly buttor address; City; State; Zip Code n, TX 78721 b title (See Instructions) Employer (See Instructions) City of Austin ame of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Kith (See Instructions) City of Austin ame of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) va, Corey butor address; City; State; Zip Code n, TX 78721 b title (See Instructions) Employer (See Instructions) City of Austin ame of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) va, Corey butor address; City; State; Zip Code n, TX 78721 b title (See Instructions) Employe

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 53/151 Rpt: 56/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	ate 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/20/2025	06/20/2025 Groenloh, Jodie		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Guevara, Daniel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Guevara, Daniel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Hadas, Brian		\$2.00
	Contributor address; City; State; Zip Code	1	1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/20/2025	Hadas, Brian		\$2.00
	Contributor address; City; State; Zip Code		1
D in single and	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 54/151 Rpt: 57/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/06/2025	—		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Hadden, Justin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Haggarty, Timothy		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/20/2025	Haggarty, Timothy		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Hair, Nathan		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	· · · · ·	
	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/151 Rpt: 58/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	e 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/20/2025			\$2.00
	6 Contributor address; City; State; Zip Code		
2 Dringing oppu	Austin, TX 78721		<u> </u>
8 Principal occup 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 (\$)
06/06/2025			\$1.00
	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 (\$)
06/20/2025	Hairston, Christopher		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Hanes, Rodney		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>י</i> י
Date	Full name of contributor out-of-state PAC (ID#:	-	Amount of Contribution (\$)
06/20/2025	Hanes, Rodney	/	\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
		·	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 56/151 Rpt: 59/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/06/2025			7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code	,	•
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/20/2025	Hanks, Kaden		\$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 (\$)
06/06/2025	Hargrave, Jeffrey		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Hargrave, Jeffrey		\$3.00
	Contributor address; City; State; Zip Code		1
	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 (\$)
06/06/2025	Harner, Kevin		\$2.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
		1	

	AC	 Total pages Schedule A1: Sch: 57/151 Rpt: 60/156 Filer ID (Ethics Commission Filers) 00053202 Amount of Contribution (\$)
Full name of contributor out-of-state PAC (ID#: Harner, Kevin	AC	3 Filer ID (Ethics Commission Filers) 00053202
Full name of contributor out-of-state PAC (ID#: Harner, Kevin	AC	00053202
Harner, Kevin)	7 Amount of Contribution (\$)
Nentrikuter addresse. Cit v Ctata, Zin Cada	06/20/2025 Harner, Kevin	
Contributor address; City; State; Zip Code		
Δustin TX 78721		
	9 Employer (See Instructions))
,	City of Austin	
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Hawthorne, Cole		\$3.0
Contributor address; City; State; Zip Code		
	Employer (See Instructions)	
)
		Amount of Contribution (\$)
)	Amount of Contribution (\$) \$3.0
		40.0
JUILIIDUIOI audress, City, State, Zip Code		
Austin, TX 78721		
n / Job title (See Instructions)	Employer (See Instructions))
	City of Austin	
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Hellein, Jacob		\$3.0
Contributor address; City; State; Zip Code		
Austin, TX 78721		
n / Job title (See Instructions)	Employer (See Instructions)	Ī
	City of Austin	
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Hellein, Jacob		\$3.0
Contributor address; City; State; Zip Code		
Austin, TX 78721		
;		
n / Job title (See Instructions)	Employer (See Instructions))
	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole Contributor address; City; State; Zip Code Austin, TX 78721 n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole out-of-state PAC (ID#:_ Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Cole Contributor address; City; State; Zip Code Austin, TX 78721 out-of-state PAC (ID#:_ Hellein, Jacob out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Austin, TX 78721 n / Job title (See Instructions) out-of-state PAC (ID#:_ Hellein, Jacob contributor out-of-state PAC (ID#:_ Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob Full name of contributor out-of-state PAC (ID#:_ Hellein, Jacob Contributor address; City; State; Zip Code City; State; Zip Code City; State; Zip Code	n / Job title (See Instructions) Employer (See Instructions) City of Austin Full name of contributor out-of-state PAC (ID#:) Hawthorne, Cole

The Instruc	tion Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 58/151 Rpt: 61/156	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	County Emergency Medical Services Employee P		00053202	,
1 Date	5 Full name of contributor out-of-state PAC (ID#:_) 7	7 Amount of Contribution (\$)	
06/06/2025	Hernandez, Hugo			\$1.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
B Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2025	Hernandez, Hugo			\$1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721	<u> </u>		
	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 (\$)	
06/06/2025	Hernandez Arias, Alejandra			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	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 (\$)	
Date 06/20/2025	Hernandez Arias, Alejandra		Amount of Contribution (\$)	\$3.00
	Hernandez Arias, Alejandra)	Amount of Contribution (\$)	\$3.00
	Hernandez Arias, Alejandra		Amount of Contribution (\$)	\$3.00
	Hernandez Arias, Alejandra		Amount of Contribution (\$)	\$3.00
06/20/2025	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code			\$3.00
06/20/2025	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721			\$3.00
06/20/2025 Principal occup	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin		\$3.00
06/20/2025 Principal occup Medic	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin		\$3.00
06/20/2025 Principal occup Medic Date	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) City of Austin		
06/20/2025 Principal occup Medic Date	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Hernandez Garza, Vanessa	Employer (See Instructions) City of Austin		
06/20/2025 Principal occup Medic Date	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Hernandez Garza, Vanessa Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin		
06/20/2025 Principal occur Medic Date 06/06/2025	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Hernandez Garza, Vanessa Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
06/20/2025 Principal occur Medic Date 06/06/2025	Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Hernandez Garza, Vanessa Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 59/151 Rpt: 62/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Hernandez Garza, Vanessa		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Herrera, Caroline		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/20/2025	06/20/2025 Herrera, Caroline		\$3.00
	Contributor address; City; State; Zip Code		
	· · · · · · · · · · · · · · · · · · ·		
	Austin, TX 78721		
Principal occuj Medic	pation / Job title (See Instructions)	Employer (See Instructions	•)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Hicks, Matthew		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	ע
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Hicks, Matthew)	Amount of Contribution (\$) \$5.00
00/20/2023			ψυ.υ.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	7

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 60/151 Rpt: 63/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Hilaire, Cedrick		\$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / 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 (\$)
06/06/2025	Hindman, Justin	/	\$1.00
00,00,2022	Contributor address; City; State; Zip Code		· · · · · ·
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Hindman, Justin		\$1.00
	Contributor address; City; State; Zip Code		1
	Aughter TV 20201		
	Austin, TX 78721	Employer (See Instructions	
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Hindman, Shelby)	Amount of Contribution (\$) \$1.00
00/00/2025	-		ψ±.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
		1	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 61/151 Rpt: 64/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2025	Hindman, Shelby		\$1.00
	6 Contributor address; City; State; Zip Code		1
2 Drinsipal agou	Austin, TX 78721		Į
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Holland, Travis		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	Ipation / 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 (\$)
06/20/2025	Holland, Travis		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	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 (\$)
06/06/2025	Hoppe, Christine		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Hoppe, Christine		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 62/151 Rpt: 65/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#: Howell, Joseph)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Howell, Joseph		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Huitt, Andrew		\$10.00
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u>)	Amount of Contribution (\$)
06/20/2025	Huitt, Andrew		\$10.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Jackson, Bryan	/	\$3.00
00,00,2022	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	,

Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 09/20/2025 5 Full name of contributor out-of-state PAC (DU Austin, TX 78721 7 Amount of Contribution (\$) \$3.00 3 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin 7 Amount of Contribution (\$) Austin, TX 78721 Date 06/06/2025 Full name of contributor out-of-state PAC (DU Austin, TX 78721 Amount of Contribution (\$) S2.50 Principal occupation / Job title (See Instructions) Medic Full name of contributor out-of-state PAC (DU Austin, TX 78721 Amount of Contribution (\$) S2.50 Principal occupation / Job title (See Instructions) Medic Full name of contributor out-of-state PAC (DU Austin, TX 78721 Amount of Contribution (\$) S2.50 Date 06/06/2025 Full name of contributor out-of-state PAC (DU Austin, TX 78721 Amount of Contribution (\$) S2.50 Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) City of Austin Amount of Contribution (\$) S2.50 Date 06/06/2025 Full name of contributor out-of-state PAC (DU Contributor address: City: State; Zip Code Amount of Contribution (\$) S2.50 Date 06/06/2025 Full name of contributor out-of-state PAC (DU Contributor address; City: State; Zip Code Amount of Contribution (\$) S2.50 Date	The Instrue	ction Guide explains how to complete this f	orm.	
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06/20/2025 Jackson, Bryan \$3.00 6 Contributor address: City: State; Zip Code Austin, TX 78721 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date O6/06/2025 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2.50 Date Full name of contributor out-of-state PAC (Dir: Amount of Contribution (\$) \$2.50 Date Full name of contributor out-of-state PAC (Dir: Amount of Contribution (\$) \$2.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2.50 O6/06/2025 Jacubsen, Patrick Contributor address: City: State; Zip Code Amount of Contribution (\$) \$2.50 O6/06/2025 Jacubsen, TX 78721 Employer (See Instructions) State PAC (Dir: Amount of Contribution (\$) \$2.50 O6/06/2025 Jakubauskas, Eric Contributor				
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Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78721		
	Principal occu		Employer (See Instructions	<u> </u> ;)
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Austin Travis County Emergency Medical Services Employee PAC 00053202				
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The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 65/151 Rpt: 68/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Jimenez, Noah)	7 Amount of Contribution (\$) \$3.00
00.20.222	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Jimenez Unzueta, Marco		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)
Medic	•	City of Austin	, ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)
06/20/2025	Jimenez Unzueta, Marco	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Jinadasa, Sampath		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Princinal occu	upation / 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 (\$)
06/20/2025	Jinadasa, Sampath		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
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Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)

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4 Date !	5 Full name of contributor out-of-state PAC (ID#:_) 7	7 Amount of Contribution (\$)	
06/06/2025	Johns, Edward			\$1.00
Ĩ	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occupation Medic	ation / Job title (See Instructions)	9 Employer (See Instructions)		
		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
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	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
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Principal occup Medic		Employer (See Instructions) City of Austin		
		City of Austin	Amount of Contribution (\$)	
Medic	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, Ashley	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, Ashley	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, Ashley	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, Ashley Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, Ashley Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, Ashley Contributor address; City; State; Zip Code	City of Austin) 	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025 Principal occup Medic	Full name of contributor out-of-state PAC (ID#:_ Johnson-Franklin, Ashley Contributor address; City; State; Zip Code Austin, TX 78721 Pation / Job title (See Instructions)	City of Austin		\$3.00
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Medic Date 06/06/2025 Principal occup Medic	Fation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin) 		\$3.00
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Kahlon, Jewanjot		\$3.00
	6 Contributor address; City; State; Zip Code		1
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8 Principal occup Medic	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ŝ)
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Kalinowski, Jonathan		\$1.40
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Kalinowski, Jonathan		\$1.40
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/06/2025	Kaminowitz, Robert		\$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	
		•	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 68/151 Rpt: 71/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee P	AC	00053202
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Kaminowitz, Robert)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Kane, Mikel		\$1.00
			4
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Kane, Mikel	,	\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Keef, Sean		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Keef, Sean		\$3.00
	Contributor address; City; State; Zip Code	1	1
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

FILER NAME 3 Fit Austin Travis County Emergency Medical Services Employee PAC 00	Sch: 69/151 Rpt: 72/156 Filer ID (Ethics Commission Filers) 00053202 Amount of Contribution (\$) \$5.27		
Austin Travis County Emergency Medical Services Employee PAC 00 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Austin Kelly, Nolan	00053202 mount of Contribution (\$)		
06/06/2025 Kelly, Nolan			
	\$5.27		
Austin, TX 78721			
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
Medic City of Austin			
Date Full name of contributor out-of-state PAC (ID#:) A	mount of Contribution (\$)		
06/20/2025 Kelly, Nolan	\$5.27		
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#:) All	mount of Contribution (\$)		
06/06/2025 Kendall, Jacob	\$3.00		
Contributor address; City; State; Zip Code			
Austin, TX 78721			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Medic City of Austin			
	mount of Contribution (\$)		
06/20/2025 Kendall, Jacob	\$3.00		
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#:) Au	mount of Contribution (\$)		
06/06/2025 Ketelsen, Ian	\$3.00		
Contributor address; City; State; Zip Code			
Austin, TX 78721			
The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 70/151 Rpt: 73/156
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Ketelsen, Ian)	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	;) ;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Kimble, Alena		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Kimble, Alena		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Kingsbury, Dillon		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	—		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۵)
Medic		City of Austin	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 71/151 Rpt: 74/156	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/06/2025	Kirmanidis, Andre		\$3.00
	6 Contributor address; City; State; Zip Code		
2 Dringing opp	Austin, TX 78721	Cool Instructions	,
8 Principal occu Medic	upation / Job title (See Instructions)	 9 Employer (See Instructions City of Austin 	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Kirmanidis, Andre		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Knauer, Andrew		\$3.00
	Contributor address; City; State; Zip Code		
D. i. instaar	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	6)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
00/20/2023	Knauer, Andrew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Knight, Aaron		\$3.00
	Contributor address; City; State; Zip Code		1
Duin singly again	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	6)
Medic			

The Instruction	ion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 72/151 Rpt: 75/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee PA	۰C	00053202
06/20/2025	Full name of contributor out-of-state PAC (ID#: Knight, Aaron Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$3.
	Austin, TX 78721 tion / Job title (See Instructions)	9 Employer (See Instructions	
Medic	1017 אין	City of Austin	15)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Koch, James		\$3.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	tion / Job title (See Instructions)	Employer (See Instructions	ns)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Koch, James		\$3.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occupation Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	ns)
	Full name of contributor indication out-of-state PAC (ID#:)	Amount of Contribution (\$) \$3.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occupation Medic	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	ns)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Koller, Joel)	Amount of Contribution (\$) \$3.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occupation	tion / Job title (See Instructions)	Employer (See Instructions City of Austin	ns)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 73/151 Rpt: 76/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#: Koller, Steven)	7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Koller, Steven		\$3.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Kownacki, Benjamin	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Kownacki, Benjamin		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Kraemer, Ashley		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
		1	

The Instruction Guide explains how to complete this for		1 Total pages Schedule A1:	
	The Instruction Guide explains how to complete this form.		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Austin Travis County Emergency Medical Services Employee PAC	00053202		
4 Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$3.00	
Austin, TX 78721			
8 Principal occupation / Job title (See Instructions) 9 Medic 9	Employer (See Instructions) City of Austin		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025 Krampitz, Casey		\$1.30	
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 Contribution (\$)	
06/20/2025 Krampitz, Casey		\$1.30	
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 Contribution (\$)	
06/06/2025 Kraus, Stephen		\$3.00	
Contributor address; City; State; Zip Code			
Austin, TX 78721			
Principal occupation / Job title (See Instructions) Medic	Employer (See Instructions) City of Austin		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2025 Kraus, Stephen		\$3.00	
Contributor address; City; State; Zip Code			
Austin, TX 78721			
	Principal occupation / Job title (See Instructions) Employer (See Instruction		
Principal occupation / Job title (See Instructions) Medic	City of Austin		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 75/151 Rpt: 78/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/06/2025	Krycia, Noah		\$3.00
	6 Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721	<u> </u>	<u> </u>
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	ipation / 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 (\$)
06/06/2025	Kurtze, Benedict	/	\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
-	ipation / Job title (See Instructions)	Employer (See Instructions	<i></i>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Kurtze, Benedict		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	,)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Lamoureux, Nicholas)	Amount of Contribution (\$) \$3.00
00,0012020	Contributor address; City; State; Zip Code		•••••••
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 76/151 Rpt: 79/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC			00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Lamoureux, Nicholas		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Lancaster, Eric		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Lancaster, Eric		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	LeFan, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	LeFan, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 77/151 Rpt: 80/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Leib, Benjamin		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Leib, Benjamin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / 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 (\$)
06/06/2025	25 Leibin, Michael		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/20/2025	Leibin, Michael	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Lesley, Brian Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Medic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City of Austin	-,

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 78/151 Rpt: 81/156	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Austin Travis County Emergency Medical Services Employee PAC		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Lesley, Brian		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Lester, Christopher		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	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 (\$)
06/20/2025	Lester, Christopher		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	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 (\$)
06/06/2025	Leyva, Andrew		\$3.00
	Contributor address; City; State; Zip Code		1
	Augustian TV 70701		
Drizsipal again	Austin, TX 78721		
Principal occuj Medic	pation / Job title (See Instructions)	Employer (See Instructions	3)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Leyva, Andrew		\$3.00
	Contributor address; City; State; Zip Code		
	Auctin TV 70701		
Dringing ogg	Austin, TX 78721		-
Principal occuj Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Meuic			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 79/151 Rpt: 82/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#: Li, Chenhao)	7 Amount of Contribution (\$)\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Li, Chenhao		\$3.00
			1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Lidster, Matthew	/	\$1.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Lidster, Matthew		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Lindsay, Ross		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic		City of Austin	
		1	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 80/151 Rpt: 83/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Lindsay, Ross)	7 Amount of Contribution (\$) \$3.00
00/20/2025	-		φυ.υυ
	6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	·/
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Lines, Bradley		\$4.50
	Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Full name of contributor out-of-state PAC (ID#: Lines, Bradley)	\$4.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Lopez, Cindy		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Lopez, Cindy Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	š)
Medic		City of Austin	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 81/151 Rpt: 84/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#: Lopez, Lindsay)	7 Amount of Contribution (\$)\$3.00
00/00/2025			ψο.ου
	6 Contributor address; City; State; Zip Code Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>۱</u> ۶)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Lopez, Lindsay	/	\$3.00
00.20.20.20			
Dringingloog	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Lopez, Ramon		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Lopez, Ramon		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Lozano Avila, Victor Contributor address; City; State; Zip Code		\$3.00
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>"</i>

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 82/151 Rpt: 85/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Lozano Avila, Victor		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)
Medic	· · ·	City of Austin	, ,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Lydon, Cassandra		\$1.00
	Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	;)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Lydon, Cassandra		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Malgieri, Anthony		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Malgieri, Anthony		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 83/151 Rpt: 86/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee Pr	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Mallon, Paul		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Medic		City of Austin	>)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 06/06/2025)	Amount of Contribution (\$) \$3.00
00/00/2025			
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / 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 (\$)
06/20/2025	Malone, Jordan		\$3.00
	Contributor address; City; State; Zip Code		1
Dringing occu	Austin, TX 78721 upation / Job title (See Instructions)		
Medic	Ipation / Job lille (See instructions)	Employer (See Instructions City of Austin	3)
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Mancias, Vivian)	Amount of Contribution (\$) \$3.00
00/00/2025	· · · · · · · · · · · · · · · · · · ·		ψυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 84/151 Rpt: 87/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Mancias, Vivian		\$3.00
	6 Contributor address; City; State; Zip Code		1
Dringinglocou	Austin, TX 78721 pation / Job title (See Instructions)	9 Employer (See Instructions	
Medic	pallon / Job lille (See instructions)	City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Martin, Denise		\$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 (\$)
06/20/2025	Martin, Denise		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Martin, Emily		\$5.00
	Contributor address; City; State; Zip Code]
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Martin, Emily		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 85/151 Rpt: 88/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Martin, Noah		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Martin, Noah		\$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#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Martinez, Henry		\$1.00
00,00,2022	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<i>.</i>)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Martinez, Henry		\$1.00
	Contributor address; City; State; Zip Code		
Dringingl oppu	Austin, TX 78721	Employer (Cool Instructions	<u> </u>
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	·)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Mason, Bryan		\$4.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic	· · · ·	City of Austin	
		<u> </u>	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 86/151 Rpt: 89/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	is County Emergency Medical Services Employee Pa	AC	00053202
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: Mason, Bryan)	7 Amount of Contribution (\$)\$4.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Maxwell, Aaron		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	»)
	Full name of contributor		Amount of Contribution (\$)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Maxwell, Aaron)	Amount of Contribution (\$) \$1.00
00/20/2023			φ1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	May, Meghan		\$1.27
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Medic	•	City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	May, Meghan		\$1.27
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	
Wicuic			

/151 Rpt: 90/156 (Ethics Commission Filers) 02 of Contribution (\$) \$3.00
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tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 99/151 Ppt: 01/156
		Sch: 88/151 Rpt: 91/156 3 Filer ID (Ethics Commission Filers)
County Emergency Medical Services Employee P/		00053202
		7 Amount of Contribution (\$)
McGarry, Kenneth		\$2.
ation / Job title (See Instructions)		
)	Amount of Contribution (\$) \$1.
-		φ1.
Contributor address; City; State; Zip Code		
Austin, TX 78721		
ation / Job title (See Instructions)	Employer (See Instructions)	
	City of Austin	
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
McIntire, Morgan		\$1.
Contributor address; City; State; Zip Code		
Auctin TX 78721		
	Employer (See Instructions)	
	City of Austin	
Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
McLaughlin, Kathleen		\$3.
Contributor address; City; State; Zip Code		
ation / Job title (See Instructions)		
Full name of contributor out-of-state PAC (ID#: McLaughlin, Kathleen)	Amount of Contribution (\$)
	1	\$3.
-	•••••••	
Contributor address; City; State; Zip Code		
-		
-		
Contributor address; City; State; Zip Code	Employer (See Instructions)	
	County Emergency Medical Services Employee PA 5 Full name of contributor	County Emergency Medical Services Employee PAC 5 Full name of contributor out-of-state PAC (ID#:) McGarry, Kenneth 6 Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) 9 Employer (See Instructions) Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:) McIntire, Morgan Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Employer (See Instructions) City of Austin Full name of contributor out-of-state PAC (ID#:) McLaughlin, Kathleen Contributor address; City; State; Zip Code Austin, TX 78721

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 89/151 Rpt: 92/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	McNiff, Katie		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	McNiff, Katie		\$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	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Mead, Catrina	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/20/2025	Mead, Catrina		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Medina, Jonathan	/	\$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	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 90/151 Rpt: 93/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2025	Medina, Jonathan		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	i	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Megally, Maureen		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	*)
			Amount of Contribution (\$)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$3.00
0012012025	Megally, Maureen		ψυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Mendez, Corey		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Mendez, Corey		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Drincinal occu		Employer (See Instructions	
Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	;)
MEDIC			

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 91/151 Rpt: 94/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee PA		00053202
	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
06/06/2025	Mestaz, Thomas	,	\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Mestaz, Thomas		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	 }
Medic		City of Austin	'
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Metzger, Austin	,	\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ation / Job title (See Instructions)	Employer (See Instructions)	1
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Metzger, Austin		\$3.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	<u> </u>		\$3.0
06/06/2025	Meyer, Brett		
06/06/2025	Meyer, Brett Contributor address; City; State; Zip Code		
06/06/2025	-		
06/06/2025	Contributor address; City; State; Zip Code		
	Contributor address; City; State; Zip Code Austin, TX 78721	Employer (Soo Instructions)	
	Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	,

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 92/151 Rpt: 95/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2025	Meyer, Brett		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	· · · · · ·	
	upation / Job title (See Instructions)	9 Employer (See Instructions	S)
Medic		City of Austin	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/20/2025	Michaelson, Rebecca	/	\$3.00
•••	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / 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 (\$)
06/06/2025	Miller, Matthew		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	apation / 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 (\$)
06/20/2025	Miller, Matthew)	\$3.00
00/20/2022	Contributor address; City; State: Zip Code		· · · · · ·
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 93/151 Rpt: 96/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Mireles, Guadalupe		\$5.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Mireles, Guadalupe		\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 70791		
Dringing occu	Austin, TX 78721	Employer (See Instructions	
Medic	upation / Job title (See Instructions)	City of Austin	3)
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Mockler, John)	Amount of Contribution (\$) \$3.00
00/00/2025			ψ5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Mockler, John		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Molina, Israel		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin	"
Wicalo			

2 FILER NAME 3 Austin Travis County Emergency Medical Services Employee PAC 3 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/20/2025 Molina, Israel 6 Contributor address; City; State; Zip Code 7	 Filer ID (Ethics Commission Filers) 00053202 Amount of Contribution (ft)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/20/2025 Molina, Israel 7	
06/20/2025 Molina, Israel	Amount of Contribution (A)
	7 Amount of Contribution (\$) \$3.00
Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Na dia City of Auguin	
Medic City of Austin	
Date Full name of contributor Image: out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025 Molinelli, Nicholas	\$3.00
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 Contribution (\$)
06/20/2025 Molinelli, Nicholas	\$3.00
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 Contribution (\$)
06/06/2025 Monson, Nancy	\$1.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions)Employer (See Instructions)MedicCity of Austin	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025 Monson, Nancy Contributor address; City; State; Zip Code	\$1.00
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 95/151 Rpt: 98/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Montes, Angelica		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	1 <u>.</u>	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$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 Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Moore, Alexander		\$3.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78721		
	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 (\$)
06/20/2025	Moore, Alexander		\$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	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Moore, Garrett	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 96/151 Rpt: 99/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Moore, Garrett		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	i	
	pation / Job title (See Instructions)	9 Employer (See Instructions	6)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Morris, Kyle		\$3.00
	Contributor address; City; State; Zip Code		
	Augustin TV 70701		
Dringingl agou	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	6)
	1		T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	, ,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Morrison, Timothy	/	\$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 (\$)
06/20/2025	Morrison, Timothy		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Medic		City of Austin	

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
			Sch: 97/151 Rpt: 100/156
2 FILER NAME	Country Emograndy Medical Convision Employee D		3 Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee PA		00053202
4 Date 96/06/2025	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	Morton, Rebecca		\$2.00
'	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
B Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Morton, Rebecca		\$2.00
	Contributor address; City; State; Zip Code		
Dringing gooun	Austin, TX 78721	Employer (Cool Instructions)	<u></u>
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Muniz, Brian		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Muniz, Brian		\$2.00
	Contributor address; City; State; Zip Code		
	Auctin TX 78721		
Principal occup	Austin, TX 78721	Employer (See Instructions))
Principal occup Medic	Austin, TX 78721 Pation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
Medic	ation / Job title (See Instructions)	Employer (See Instructions) City of Austin	
	Full name of contributor Dut-of-state PAC (ID#:_) Amount of Contribution (\$) \$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Medic Date	Full name of contributor Dut-of-state PAC (ID#:_		Amount of Contribution (\$)
Medic Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Medic Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Nance, Megan Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3.00

			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	orm.	Sch: 98/151 Rpt: 101/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travi	is County Emergency Medical Services Employee Pr	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Nance, Megan		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	e)
Medic		City of Austin	"
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/06/2025		J	\$3.00
00,00,			•
	Austin, TX 78721		
-	upation / 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 (\$)
06/20/2025	Negron, Luis		\$3.00
	Contributor address; City; State; Zip Code]
	Austin, TX 78721		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025		/	\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic	pauli	City of Austin	<i>"</i>

The Instru	ction Guide explains how to complete this f	orm	1 Total pages Schedule A1:
		5111.	Sch: 99/151 Rpt: 102/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee PA		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Niemann, Bradley		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۵)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Niemann, Bradley		\$3.00
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Niswender, Kellie		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>י</i> ן
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of Contribution (\$)
06/20/2025	Full name of contributor out-of-state PAC (ID#: Niswender, Kellie		\$3.00
00,20,2020	Contributor address; City; State; Zip Code		
	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 (\$)
06/06/2025	Noak, Darren		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions) City of Austin	;)
Medic		City of Austin	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 100/151 Rpt: 103/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	- is County Emergency Medical Services Employee P.	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Noak, Darren		\$2.50
	6 Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic	<u> </u>	City of Austin	
Date)	Amount of Contribution (\$)
06/06/2025			\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	c)
Medic		City of Austin	>)
			1 Amount of Constribution (#)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$5.00
00/20/2025			φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>Ι</u> δ)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occ	upation / 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 (\$)
06/20/2025	Noftle, Rachel		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721	i	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 101/151 Rpt: 104/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee PA	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Olivarez, Dominique		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Olivarez, Dominique		\$3.00
	Contributor address; City; State; Zip Code		
Di indaan	Austin, TX 78721		Į
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Olivo, Nicholas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	š)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Olivo, Nicholas		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Orr, John		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Medic		City of Austin	<i>י</i> י
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 102/151 Rpt: 105/156	
FILER NAME			3 Filer ID (Ethics Commission File	lers)
	County Emergency Medical Services Employee P		00053202	0.0,
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/20/2025				\$3.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/06/2025	Orr, Valeria			\$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 (\$)	
06/20/2025	Orr, Valeria			\$3.00
	Contributor address; City; State; Zip Code			
	A			
Dringinglocou	Austin, TX 78721	Employer (See Instructions)		
Medic	pation / Job title (See Instructions)	City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
06/06/2025	Owens, Ashley	/	Amount of Contribution (4)	\$3.00
	Contributor address; City; State; Zip Code			
	······································			
	Austin, TX 78721			
	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)	-	
Medic	pation / Job title (See Instructions)	City of Austin		
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin	Amount of Contribution (\$)	*2.00
Medic	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin		\$3.00
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin		\$3.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin		\$3.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	City of Austin		\$3.00
Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Owens, Ashley Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00

The Instruc	ction Guide explains how to complete this f	orm.	I Total pages Schedule A1: Sch: 103/151 Rpt: 106/156	
2 FILER NAME			B Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee Pa		00053202	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
06/06/2025	Pailes, Kenneth			\$5.00
ĺ	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic	,	City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2025	Pailes, Kenneth			\$5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	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 (\$)	
06/06/2025	5 Palmer, Jacob			\$5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	Austin, TX 78721 Dation / Job title (See Instructions)	Employer (See Instructions)		
Principal occup Medic		Employer (See Instructions) City of Austin		
		City of Austin	Amount of Contribution (\$)	
Medic	Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob	City of Austin		\$5.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:)	City of Austin		\$5.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob	City of Austin		\$5.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code	City of Austin		\$5.00
Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)		\$5.00
Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code	City of Austin		\$5.00
Medic Date 06/20/2025 Principal occup Medic	Dation / Job title (See Instructions) Full name of contributor	City of Austin)		\$5.00
Medic Date 06/20/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Outributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025 Principal occup Medic	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Parker, Christine Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	\$5.00
Medic Date 06/20/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Outributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Parker, Christine Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Parker, Christine Out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025 Principal occup Medic Date 06/06/2025	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Parker, Christine Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	

Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC 00053202 I Date 5 Full name of contributor auto-state PAC (DU)) Austin, TX 78721 7 Amount of Contribution (\$) \$3.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor outo-state PAC (DU) Amount of Contribution (\$) Date Full name of contributor outo-state PAC (DU) Amount of Contribution (\$) Date Full name of contributor outo-state PAC (DU) Amount of Contribution (\$) O6/06/2025 Patterson, Roger Amount of Contribution (\$) \$4.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Medic Contributor address: City: State: Zip Code Amount of Contribution (\$) \$4.50 Odi20/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$4.50 Odi20/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$3.00 Odi20/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$3.00 </td <td>The Instrue</td> <td>ction Guide explains how to complete this f</td> <td>orm.</td> <td>, ,</td>	The Instrue	ction Guide explains how to complete this f	orm.	, ,
Austin Travis County Emergency Medical Services Employee PAC 00053202 I Date 5 Full name of contributor auto-state PAC (DU)) Austin, TX 78721 7 Amount of Contribution (\$) \$3.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor outo-state PAC (DU) Amount of Contribution (\$) Date Full name of contributor outo-state PAC (DU) Amount of Contribution (\$) Date Full name of contributor outo-state PAC (DU) Amount of Contribution (\$) O6/06/2025 Patterson, Roger Amount of Contribution (\$) \$4.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Medic Contributor address: City: State: Zip Code Amount of Contribution (\$) \$4.50 Odi20/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$4.50 Odi20/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$3.00 Odi20/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$3.00 </td <td>2 FILER NAME</td> <td></td> <td></td> <td>·</td>	2 FILER NAME			·
06/20/2025 Parker, Christine \$3.00 6 Contributor address; City; State; Zip Code Austin, TX 78721 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (DF Amount of Contribution (S) O6/06/2025 Full name of contributor out-of-state PAC (DF Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) S4.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) S4.50 O6/06/2025 Full name of contributor out-of-state PAC (DF Amount of Contribution (S) O6/20/2025 Full name of contributor out-of-state PAC (DF Amount of Contribution (S) O6/06/2025 Full name of contributor out-of-state PAC (DF Amount of Contribution (S) O6/06/2025 Penner, Andre Contributor address; City; State; Zip Code Amount of Contribution (S) O6/06/2025 Penner, Andre Contributor address; City; State; Zip Code Amount of Contribution (S) O6/06/2025 Penner, Andre City of Austin Amount of Contribution (S) S3.00 O6/06/2025 Penner, Andre Ci		County Emergency Medical Services Employee P/	AC	
i Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Date Full name of contributor 06/06/2025 Patterson, Roger Contributor address; City; State; Zip Code Amount of Contribution (S) Austin, TX 78721 Amount of Contributions) Principal occupation / Job title (See Instructions) City of Austin Medic Contributor address; City; State; Zip Code Austin, TX 78721 Employer (See Instructions) Date Full name of contributor 06/20/2025 Patterson, Roger Contributor address; City; State; Zip Code Amount of Contribution (S) 06/20/2025 Patterson, Roger Contributor address; City; State; Zip Code Amount of Contribution (S) Ode/20/2025 Patterson, Roger Austin, TX 78721 Employer (See Instructions) Medic Contributor address; City; State; Zip Code Austin, TX 78721 Employer (See Instructions) Medic Contributor address; City; State; Zip Code Of/06/2025 Full name of contributor one-ot-etate PAC (DE: Of/20/2025 Full name of contributor Int-ot-e	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
6 Contributor address; City; State; Zip Code Austin, TX 78721 9 Bate Full name of contributor 06/06/2025 Full name of contributor Principal occupation / Job title (See Instructions) City of Austin Austin, TX 78721 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic Contributor address; City, State; Zip Code Austin, TX 78721 Employer (See Instructions) Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/06/2025 Full name of contributor out-of-state PAC (De:	06/20/2025			\$3.00
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Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions) Oate Full name of contributor	06/06/2025			\$4.50
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Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions))	
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The Instruct	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 105/151 Rpt: 108/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	County Emergency Medical Services Employee PA		00053202	
4 Date 5	Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/06/2025	Perry, Sean		\$3.00	
6	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occupa		9 Employer (See Instructions	l ;)	
Medic	, , , , , , , , , , , , , , , , , , ,	City of Austin	,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2025	Perry, Sean		\$3.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	ation / Job title (See Instructions)	Employer (See Instructions		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	6 Phillips, Heather		\$1.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	l ;)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2025	Phillips, Heather		\$1.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupa Medic	ation / Job title (See Instructions)	Employer (See Instructions	5)	
		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Phillips, Kyle		\$3.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions] ;)	
Medic		City of Austin	,	
The Instruc	tion Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 106/151 Rpt: 109/156	
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2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee P		00053202	,
4 Date	ate 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
06/20/2025	06/20/2025 Phillips, Kyle			\$3.00
ľ	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Pizzonia, Alexander			\$3.00
Ï	Contributor address; City; State; Zip Code			
	Austin TV 70701			
Principal occur	Austin, TX 78721 Dation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (¢)	
Date 06/20/2025	Full name of contributor Out-of-state PAC (ID#: Pizzonia, Alexander)	Amount of Contribution (\$)	\$3.00
00/20/2023				ψ0.00
	Contributor address, City, State, Zip Code			
	Austin, TX 78721			
Principal occup	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 (\$)	
06/06/2025	Plewacki, Thomas			
				\$1.00
	Contributor address; City; State; Zip Code			\$1.00
				\$1.00
				\$1.00
Principal occur	Contributor address; City; State; Zip Code	Employer (See Instructions)		\$1.00
Principal occup Medic	Contributor address; City; State; Zip Code Austin, TX 78721			\$1.00
	Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin		\$1.00
Medic	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	\$1.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Plewacki, Thomas	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Plewacki, Thomas Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Plewacki, Thomas Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date 06/20/2025	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Plewacki, Thomas Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	Amount of Contribution (\$)	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 107/151 Rpt: 110/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Posada, Gabriel		\$3.00
	6 Contributor address; City; State; Zip Code		
1			
	Austin, TX 78721		
	upation / Job title (See Instructions)	9 Employer (See Instructions)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Posada, Gabriel		\$3.00
1	Contributor address; City; State; Zip Code		
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1			
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Poss, Lauren		\$3.00
1	Contributor address; City; State; Zip Code		
1			
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Poss, Lauren		\$3.00
1	Contributor address; City; State; Zip Code		
1			
	Austin, TX 78721		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	N
Medic		City of Austin	<i>.</i>)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Powell-Evans, Simon		\$5.00
1	Contributor address; City; State; Zip Code		
1			
1	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Medic		City of Austin)

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 108/151 Rpt: 111/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Powell-Evans, Simon		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Powers, Kristy	/	\$2.50
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Powers, Kristy		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Price, Amber		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
-		Employer (See Instructions) City of Austin)

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 109/151 Rpt: 112/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025			\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Pruiett, Cayden		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/06/2025	Puckett, James		\$2.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/20/2025	Puckett, James		\$2.30
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
•	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 (\$)
06/06/2025	Pursley, Shaun		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 110/151 Rpt: 113/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee P		00053202	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/20/2025				\$2.00
	6 Contributor address; City; State; Zip Code			
Drinsipal oppur	Austin, TX 78721			
8 Principal occup Medic	pation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin	1	
			Arrount of Contribution (\$)	
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$3.00
00/00/2023				Φ 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 (\$)	
06/20/2025	Quiroz Mendez, Jesus			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instructions)	1	
		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025				\$0.00
	Radcliffe, James			\$3.00
				\$3.00
				\$3.00
				\$3.00
Principal occur	Contributor address; City; State; Zip Code	Employer (See Instructions)		\$3.00
Principal occur Medic	Contributor address; City; State; Zip Code Austin, TX 78721			\$3.00
	Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin		\$3.00
Medic	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions) City of Austin) Amount of Contribution (\$)	\$3.00
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:)	Employer (See Instructions) City of Austin) Amount of Contribution (\$)	
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Radcliffe, James	Employer (See Instructions) City of Austin) Amount of Contribution (\$)	
Medic Date	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Quit-of-state PAC (ID#:_ Radcliffe, James Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin) Amount of Contribution (\$)	
Medic Date 06/20/2025	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Radcliffe, James Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin)) Amount of Contribution (\$)	
Medic Date 06/20/2025	Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Quit-of-state PAC (ID#:_ Radcliffe, James Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin) Amount of Contribution (\$)	

The Instruction	n Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 111/151 Rpt: 114/156	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	inty Emergency Medical Services Employee		00053202	10.07
4 Date 5 F	Full name of contributor 🛛 out-of-state PAC (ID#	#:) 7	7 Amount of Contribution (\$)	
06/06/2025 F	Rafferty, Zachary			\$13.00
6 C	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	n / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date F	ull name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
06/20/2025 F	Rafferty, Zachary			\$13.00
C	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	n / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date F	ull name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
06/06/2025 F	Ramos, Duane			\$3.00
C	Contributor address; City; State; Zip Code			
.				
A	Austin, TX 78721	I		
	n / Job title (See Instructions)	Employer (See Instructions)		
Principal occupatior Medic		Employer (See Instructions) City of Austin		
Medic Date F	n / Job title (See Instructions)		Amount of Contribution (\$)	
Medic Date F	n / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date F 06/20/2025 F	n / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date F 06/20/2025 F	n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Ramos, Duane	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date F 06/20/2025 F C	n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Ramos, Duane Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date F 06/20/2025 F C	n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Ramos, Duane Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$3.00
Medic Date F 06/20/2025 F C A Principal occupation	n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Ramos, Duane Contributor address; City; State; Zip Code	City of Austin #:) Employer (See Instructions)	Amount of Contribution (\$)	\$3.00
Medic Date F 06/20/2025 F C A Principal occupation Medic	n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Ramos, Duane Contributor address; City; State; Zip Code Austin, TX 78721 n / Job title (See Instructions)	City of Austin #:)		\$3.00
Medic Date F 06/20/2025 F C A Principal occupation Medic Date F	n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Ramos, Duane Contributor address; City; State; Zip Code Austin, TX 78721 n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#	City of Austin #:) Employer (See Instructions) City of Austin	Amount of Contribution (\$)	
Medic Date F 06/20/2025 F C A Principal occupation Medic Date F	n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Ramos, Duane Contributor address; City; State; Zip Code Austin, TX 78721 n / Job title (See Instructions)	City of Austin #:) Employer (See Instructions) City of Austin		\$3.00
Medic Date F 06/20/2025 A Principal occupation Medic Date F 06/06/2025 F	n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Ramos, Duane Contributor address; City; State; Zip Code Austin, TX 78721 n / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#	City of Austin #:) Employer (See Instructions) City of Austin		
Medic Date F 06/20/2025 A Principal occupation Medic Date F 06/06/2025 F	n / Job title (See Instructions)	City of Austin #:) Employer (See Instructions) City of Austin		
Medic Date F 06/20/2025 F 06/20/2025 F 06/06/2025 F 06/06	n / Job title (See Instructions)	City of Austin #:) Employer (See Instructions) City of Austin		
Medic Date F 06/20/2025 A Principal occupation Medic Date F 06/06/2025 F 06/06/2025 A A A A A A A A A A A A A A A A A A A	Austin, TX 78721	City of Austin #:) Employer (See Instructions) City of Austin #:)		
Medic Date F 06/20/2025 A Principal occupation Medic Date F 06/06/2025 F 06/06/2025 A A A A A A A A A A A A A A A A A A A	n / Job title (See Instructions)	City of Austin #:) Employer (See Instructions) City of Austin		

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 112/151 Rpt: 115/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	s County Emergency Medical Services Employee P	'AC	00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/20/2025	Rasmussen, Nathan		\$9	.50
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721	-		
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Rasmussen, Rebecca		\$3.	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2025	Rasmussen, Rebecca		\$3.	.00
	Contributor address; City; State; Zip Code			
D in simple and	Austin, TX 78721		、	
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions	•)	
		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Rattan, MaKena		\$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)	
			Amount of Contribution (#)	
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Rattan, MaKena)	Amount of Contribution (\$)	.00
0012012025			ψυ.	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ;)	
Medic		City of Austin	,	

The Instruction Guide explains how to complete this form. 3 2 FILER NAME 3 Austin Travis County Emergency Medical Services Employee PAC 3 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 7 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Medic Full name of contributor out-of-state PAC (ID#:) 7 7 06/20/2025 Rawn, Madison 9 Employer (See Instructions) 6 06/20/2025 Full name of contributor out-of-state PAC (ID#:) 7 7 06/20/2025 Full name of contributor out-of-state PAC (ID#:) 7 7 06/20/2025 Full name of contributor out-of-state PAC (ID#:) 1 7 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code 1 7 Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions) 1 Medic <	Total pages Schedule A1: Sch: 113/151 Rpt: 116/156 Filer ID (Ethics Commission Filers) 00053202 Amount of Contribution (\$) Amount of Contribution (\$) \$3.00 Amount of Contribution (\$) \$3.00 \$3.00 \$3.00
2 FILER NAME 3 4 Austin Travis County Emergency Medical Services Employee PAC 3 6 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/06/2025 Rawn, Madison 6 Contributor address; City; State; Zip Code 7 6 Contributor address; City; State; Zip Code 4 Austin, TX 78721 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Medic Full name of contributor out-of-state PAC (ID#:) 7 7 06/20/2025 Rawn, Madison 0ut-of-state PAC (ID#:) 7 7 06/20/2025 Rawn, Madison Out-of-state PAC (ID#:) 7 7 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code 7 7 Medic Austin, TX 78721 Employer (See Instructions) Employer (See Instructions) 7 Medic Jate Full name of contributor out-of-state PAC (ID#:	Filer ID (Ethics Commission Filers) 00053202 Amount of Contribution (\$) Amount of Contribution (\$) \$3.00 Amount of Contribution (\$)
Austin Travis County Emergency Medical Services Employee PAC (1) 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/06/2025 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 7 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Medic Full name of contributor out-of-state PAC (ID#:) (1) Date Full name of contributor out-of-state PAC (ID#:) (1) 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code (1) 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code (1) 06/20/2025 Rawn, Madison Employer (See Instructions) (1) Medic Vastin, TX 78721 Employer (See Instructions) (1) Medic Job title (See Instructions) Employer (See Instructions) (2) Medic Job title (See Instructions) Employer (See Instructions) (2) Medic Vastin, TX 78721 City of Austin (2) Date Full name of contributor out-of-state PAC (ID#:	00053202 Amount of Contribution (\$) Amount of Contribution (\$) \$3.00 \$3.00 Amount of Contribution (\$) Amount of Contribution (\$)
06/06/2025 Rawn, Madison 6 Contributor address; City; State; Zip Code Austin, TX 78721 Austin, TX 78721 8 Principal occuation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) / 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code / 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code / Vertical address City; State; Zip Code / / Principal occupation / Job title (See Instructions) Employer (See Instructions) / Medic Contributor address; City; State; Zip Code / / Principal occupation / Job title (See Instructions) Employer (See Instructions) / Medic Employer (See Instructions) City of Austin / Date Full name of contributor out-of-state PAC (ID#:	\$3.00 Amount of Contribution (\$) \$3.00 Amount of Contribution (\$)
6 Contributor address; City; State; Zip Code Austin, TX 78721 9 8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) / 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code / 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code / Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) City of Austin Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) / Date Full name of contributor out-of-state PAC (ID#:) / Date Full name of contributor out-of-state PAC (ID#:) / 06/06/2025 Reader, Robert / /	Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721 8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) / 06/20/2025 Rawn, Madison	\$3.00 Amount of Contribution (\$)
8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) / 06/20/2025 Rawn, Madison	\$3.00 Amount of Contribution (\$)
8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) / 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code	\$3.00 Amount of Contribution (\$)
8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date Full name of contributor out-of-state PAC (ID#:) / 06/20/2025 Rawn, Madison	\$3.00 Amount of Contribution (\$)
Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) / 06/20/2025 Rawn, Madison	\$3.00 Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) // 06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code // Austin, TX 78721 Austin, TX 78721 Employer (See Instructions) Medic City of Austin // Date Full name of contributor out-of-state PAC (ID#:) // 06/06/2025 Reader, Robert // //	\$3.00 Amount of Contribution (\$)
06/20/2025 Rawn, Madison Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Full name of contributor O6/06/2025 Reader, Robert	\$3.00 Amount of Contribution (\$)
Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Full name of contributor 06/06/2025 Reader, Robert	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Medic Date Full name of contributor O6/06/2025 Reader, Robert	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/06/2025 Reader, Robert	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/06/2025 Reader, Robert	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/06/2025 Reader, Robert	
Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/06/2025 Reader, Robert	
Date Full name of contributor out-of-state PAC (ID#:) 06/06/2025 Reader, Robert	
06/06/2025 Reader, Robert	
	\$3.00
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic 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)	
Medic City of Austin	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025 Redd, Kevin	\$1.30
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Medic City of Austin	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 114/151 Rpt: 117/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Redd, Kevin		\$1.30
	6 Contributor address; City; State; Zip Code		
2 Dringingloggy	Austin, TX 78721		<u> </u>
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions) City of Austin)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ;)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Regier, Natalie		\$3.00
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>)</i>)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Reilly, Susanna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	l;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Reilly, Susanna		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 115/151 Rpt: 118/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Remus, Hannah		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Remus, Hannah		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		-
	ipation / Job title (See Instructions)	Employer (See Instructions)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Auctin TV 70721		
Dringingl oogu	Austin, TX 78721		
Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	·)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Reyes, Christopher		\$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#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Rice, Larry	/	\$2.00
00,00,	Contributor address; City; State; Zip Code		·
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	;)
Medic	•	City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 116/151 Rpt: 119/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Emergency Medical Services Employee P		00053202	,
4 Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
06/20/2025	06/20/2025 Rice, Larry			\$2.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/06/2025	Richter, Lauren			\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	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 (\$)	
06/20/2025	Richter, Lauren			\$3.00
	Contributor address; City; State; Zip Code			
1		1		
	Austin TV 70701			
Drincipal occur	Austin, TX 78721	Employer (See Instructions)		
	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)	1	
Medic	pation / Job title (See Instructions)	City of Austin		
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	#2.00
Medic	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell	City of Austin	Amount of Contribution (\$)	\$2.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell	City of Austin	Amount of Contribution (\$)	\$2.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell	City of Austin	Amount of Contribution (\$)	\$2.00
Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell	City of Austin	Amount of Contribution (\$)	\$2.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$2.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$2.00
Medic Date 06/06/2025 Principal occur	Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$)	\$2.00
Medic Date 06/06/2025 Principal occup Medic	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions)	City of Austin	Amount of Contribution (\$)	\$2.00
Medic Date 06/06/2025 Principal occup Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occup Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Gout-of-state PAC (ID#:_ Risinger, Russell	City of Austin	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occup Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Risinger, Russell Contributor address; City; State; Zip Code Austin, TX 78721 pation / Job title (See Instructions) Full name of contributor Gout-of-state PAC (ID#:_ Risinger, Russell	City of Austin	Amount of Contribution (\$)	
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 118/151 Rpt: 121/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2025	6/20/2025 Robbins, Joseph		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	<i>י</i> י
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06/06/2025	Rocha, Andrea		\$3.00
	Contributor address; City; State; Zip Code		1
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Medic	ipation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Rocha, Andrea		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	Σ δ)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Rodgers, Jared		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	<i>'</i>
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
06/20/2025	Rodgers, Jared		\$2.50
	Contributor address; City; State; Zip Code		4
	Austin, TX 78721		
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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 119/151 Rpt: 122/156
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	s County Emergency Medical Services Employee P	'AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Rodriguez, Andrew		\$3.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	-	
	pation / Job title (See Instructions)	9 Employer (See Instructions)
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	Contributor address; City; State; Zip Code		
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	pation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Rodriguez, Giovanni		\$3.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	ipation / Job title (See Instructions)	Employer (See Instructions)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Rodriguez, Giovanni		\$3.
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Roe, Lillian	/	\$3.
0010012020	Contributor address; City; State; Zip Code		÷
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 120/151 Rpt: 123/150 FILER NAME Austin Travis County Emergency Medical Services Employee PAC 3 Filer ID (Ethics Commission 00053202 4 Date 06/20/2025 5 Full name of contributor Roe, Lillian out-of-state PAC (ID#:) Roe, Lillian 7 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) City of Austin 9 8 Principal occuration / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin 9 Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	
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Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 5 06/20/2025 6 Roe, Lillian 6 6 Contributor address; City; State; Zip Code Austin, TX 78721 9 Employer (See Instructions) Medic 9 Employer (See Instructions) City of Austin	
06/20/2025 Roe, Lillian 6 Contributor address; City; State; Zip Code Austin, TX 78721 Austin, TX 78721 8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin	\$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721 Austin, TX 78721 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Medic City of Austin	\$3.00
6 Contributor address; City; State; Zip Code Austin, TX 78721 8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Medic City of Austin	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Medic City of Austin	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Medic City of Austin	
Medic City of Austin	
Date Full name of contributor 🗖 out-of-state PAC (ID#)) Amount of Contribution (\$)	
	_
06/06/2025 Rogers, Darren	\$1.30
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 Contribution (\$)	
06/20/2025 Rogers, Darren	\$1.30
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 Contribution (\$) 06/06/2025 Rogers, Wesley	ቀፍ በበ
	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin	\$5.00
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 Contribution (\$)	\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Rogers, Wesley	\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Rogers, Wesley	\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Rogers, Wesley	\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Medic City of Austin Date Full name of contributor out-of-state PAC (ID#:) 06/20/2025 Rogers, Wesley Contributor address; City; State; Zip Code Amount of Contribution (\$)	\$5.00

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 121/151 Rpt: 124/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	6/06/2025 Romo, Jodeci		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Medic		City of Austin	
Date)	Amount of Contribution (\$)
06/20/2025	Romo, Jodeci		\$3.00
	Contributor address; City; State; Zip Code]
D in simple and	Austin, TX 78721		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Rose, Donald		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	»)
Date)	Amount of Contribution (\$)
06/20/2025	Rose, Donald		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Rutledge, Lindsey		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	L Total pages Schedule A1: Sch: 122/151 Rpt: 125/156	
2 FILER NAME			B Filer ID (Ethics Commission Filer	rs)
	County Emergency Medical Services Employee P		00053202	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
06/20/2025			S	\$2.50
ľ	6 Contributor address; City; State; Zip Code			
2 Driveinel ecour	Austin, TX 78721			
8 Principal occup 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 (\$)	* 2 00
06/06/2025				\$3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup	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 (\$)	
06/20/2025	Salmeron, Alejandro		Ş	\$3.00
	Contributor address; City; State; Zip Code			
Dringingloggun	Austin, TX 78721			
	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		
Medic	pation / Job title (See Instructions)	City of Austin		
Medic Date	Dation / Job title (See Instructions) Full name of contributor Image: Out-of-state PAC (ID#:)	City of Austin	Amount of Contribution (\$)	¢2 00
Medic	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward	City of Austin)		\$3.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward	City of Austin)		\$3.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward	City of Austin)		\$3.00
Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward	City of Austin)		\$3.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code	City of Austin)		\$3.00
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)		\$3.00
Medic Date 06/06/2025 Principal occup	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin) 		\$3.00
Medic Date 06/06/2025 Principal occup Medic	Dation / Job title (See Instructions) Full name of contributor	City of Austin) 	Amount of Contribution (\$)	\$3.00
Medic Date 06/06/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Full name of contributor	City of Austin) 	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Sandoval Ruano, Edward	City of Austin) 	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occup Medic Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code	City of Austin) 	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occup Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) out-of-state PAC (ID#:_ Sandoval Ruano, Edward Out-of-state PAC (ID#:_ Dation / Job title (See Instructions) Out-of-state PAC (ID#:_ Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721 Austin, TX 78721	City of Austin	Amount of Contribution (\$)	
Medic Date 06/06/2025 Principal occup Medic Date 06/20/2025	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Sandoval Ruano, Edward Contributor address; City; State; Zip Code	City of Austin) 	Amount of Contribution (\$)	

The Instruction G	uide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 123/151 Rpt: 126/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Emergency Medical Services Employee PA	AC	00053202
4 Date 5 Full n	name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025 Sant	iago, Sabrina		\$3.00
6 Contr	ributor address; City; State; Zip Code		
Aust	in, TX 78721		
8 Principal occupation / Jo	ob title (See Instructions)	9 Employer (See Instructions)
Medic		City of Austin	
Date Full n	name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025 Sant	iago, Sabrina		\$3.00
Contr	ributor address; City; State; Zip Code		
Aust	in, TX 78721		
	ob title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	
Date Full n	name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025 Scag	glione, Daniel		\$3.00
Contr	ributor address; City; State; Zip Code		
Aust	in, TX 78721		
	ob title (See Instructions)	Employer (See Instructions	
Medic		City of Austin)
	name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	glione, Daniel)	\$3.00
	ributor address; City; State; Zip Code		40.00
Conti	ibutor address, City, State, Zip Code		
Aust	in, TX 78721		
Principal occupation / Jo	ob title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date Full n	name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025 Scan	nman, Alexis		\$3.00
Contr	ributor address; City; State; Zip Code		
	in, TX 78721		
	ob title (See Instructions)	Employer (See Instructions)
Medic		City of Austin	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 124/151 Rpt: 127/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2025	Scamman, Alexis		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Schulz, Douglas		\$1.30
	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 (\$)
06/20/2025	Schulz, Douglas		\$1.30
	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 (\$)
06/06/2025	Schutt, Kyle		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/20/2025	Schutt, Kyle		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	

The Instruction	Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 125/151 Rpt: 128/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nty Emergency Medical Services Employee PA		00053202
4 Date 5 Fu	Ill name of contributor 🔲 out-of-state PAC (ID#:))	7 Amount of Contribution (\$)
06/06/2025 Sc	cott, Austin		\$3.00
6 Cc	ontributor address; City; State; Zip Code		
A	ustin, TX 78721		
		9 Employer (See Instructions))
Medic		City of Austin	
Date Fu	Ill name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025 Sc	cott, Austin		\$3.00
Cc	ontributor address; City; State; Zip Code		
	ustin, TX 78721		
Principal occupation Medic	/ Job title (See Instructions)	Employer (See Instructions) City of Austin)
	Ill name of contributor out-of-state PAC (ID#: edillo, Gabriel)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code		ψο.υυ
	IIIIIDUlui auuress, City, State, Zip Coue		
A	ustin, TX 78721		
	/ Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
	Ill name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025 Se	edillo, Gabriel		\$3.00
Co	ontributor address; City; State; Zip Code		
Au	ustin, TX 78721		
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions))
Madia		City of Austin	
Medic		,	
	Ill name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Date Fu	Ill name of contributor out-of-state PAC (ID#: rcher, Christopher)	Amount of Contribution (\$) \$3.00
Date Fu 06/06/2025 Si)	
Date Fu 06/06/2025 Si	rcher, Christopher)	
Date Fu 06/06/2025 Sil	rcher, Christopher ontributor address; City; State; Zip Code)	
Date Fu 06/06/2025 Si Co	rcher, Christopher ontributor address; City; State; Zip Code ustin, TX 78721)	\$3.00
Date Fu 06/06/2025 Si Co	rcher, Christopher ontributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	\$3.00

The Instruct	ion Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 126/151 Rpt: 129/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
	County Emergency Medical Services Employee I		00053202	,
4 Date 5	Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
06/20/2025	Sircher, Christopher		\$3	3.00
6	Contributor address; City; State; Zip Code			
	Austin TV 70701			
Principal occupa	Austin, TX 78721 tion / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)	
06/06/2025	Sklar, Estelle	#:)		3.00
			~	5.00
	Contributor address, City, State, Zip Code			
	Austin, TX 78721			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#	<u>+:)</u>	Amount of Contribution (\$)	
06/20/2025	Sklar, Estelle		\$3	3.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occupa Medic	ttion / Job title (See Instructions)	Employer (See Instructions) City of Austin		
Date	Full name of contributor			
	Full name of contributor out-of-state PAC (ID#	<i>*</i> :)	Amount of Contribution (\$)	2.00
06/06/2025	Slattery, Christian			3.00
	Slattery, Christian			3.00
	Slattery, Christian			3.00
	Slattery, Christian			3.00
06/06/2025	Slattery, Christian Contributor address; City; State; Zip Code		\$3	3.00
06/06/2025	Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721		\$3	3.00
06/06/2025 Principal occupa	Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	\$3	3.00
06/06/2025 Principal occupa Medic	Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721 tion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Slattery, Christian	Employer (See Instructions) City of Austin	\$3 Amount of Contribution (\$)	3.00
06/06/2025 Principal occupa Medic Date	Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#	Employer (See Instructions) City of Austin	\$3 Amount of Contribution (\$)	
06/06/2025 Principal occupa Medic Date	Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Slattery, Christian	Employer (See Instructions) City of Austin	\$3 Amount of Contribution (\$)	
06/06/2025 Principal occupa Medic Date	Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Slattery, Christian Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	\$3 Amount of Contribution (\$)	
06/06/2025 Principal occupa Medic Date 06/20/2025	Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721	Employer (See Instructions) City of Austin	\$3 Amount of Contribution (\$) \$3	
06/06/2025 Principal occupa Medic Date 06/20/2025	Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Slattery, Christian Contributor address; City; State; Zip Code	Employer (See Instructions) City of Austin	\$3 Amount of Contribution (\$) \$3	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 127/151 Rpt: 130/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Austin Travis	s County Emergency Medical Services Employee Pr	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Sletten, Spencer		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	;)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Sletten, Spencer		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Smith, Anthony		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	1	
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	s)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Smith, Anthony		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Smith, Ashlyn		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۵)
Medic		City of Austin	
Medic		City of Austin	

Austin Travis County Emergency Medical Services Employee PAC 00053202				
Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 06/20/2025 5 Full name of contributor out-of-state PAC (Duined in the state in	The Instru	ction Guide explains how to complete this f	iorm.	
Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 06/20/2025 5 Full name of contributor out-of-state PAC (Duined in the state in	2 FILER NAME			
06/20/2025 Smith, Ashlyn S3.00 6 Contributior address; City; State; Zip Code Austin, TX 78721 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date O6/06/2025 Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 06/06/2025 Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 06/06/2025 Stedman, Christina Contributor address; City; State; Zip Code Amount of Contribution (S) 06/06/2025 Stedman, Christina Contributor address; City; State; Zip Code Amount of Contribution (S) 06/06/2025 Stedman, Christina Contributor address; City; State; Zip Code			AC	
 Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) City of Austin City of Austin Amount of Contribution (\$) Stoto, Karina Contributor address; City; State; Zip Code Austin, TX 78721 Amount of Contribution (\$) Stoto, Karina Contributor address; City; State; Zip Code Austin, TX 78721 Amount of Contribution (\$) Stoto, Karina Contributor address; City; State; Zip Code Austin, TX 78721 Amount of Contribution (\$) Stoto, Karina Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Austin, TX 78721 Amount of Contribution (\$) Stoto, Karina Contributor address; City; State; Zip Code Austin, TX 78721 Amount of Contribution (\$) Stotomacher (See Instructions) City of Austin Date 06/06/2025 Stedman, Christina Contributor address; City; State; Zip Code Austin, TX 78721 Amount of Contribution (\$) Stotomacher (See Instructions) City of Austin Principal occupation / Job title (See Instructions) City of Austin Amount of Contribution (\$) Stotomacher (See Instructions) City of Austin Date 06/06/2025 Full name of contributor Austin, TX 78721 Principal occupation / Job title (See Instructions) Contributor addrese; City; State; Zip Code Austin, TX 78721	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	06/20/2025			\$3.00
8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date 06/06/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) Soto, Karina Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) City of Austin Amount of Contribution (\$) Date 06/20/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 06/20/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) City of Austin Amount of Contribution (\$) Date 06/06/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 06/06/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 06/20/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/20/2025 <t< td=""><td></td><td></td><td></td><td></td></t<>				
8 Principal occupation / Job title (See Instructions) Medic 9 Employer (See Instructions) City of Austin Date 06/06/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) Soto, Karina Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) City of Austin Amount of Contribution (\$) Date 06/20/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 06/20/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Medic Employer (See Instructions) City of Austin Amount of Contribution (\$) Date 06/06/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 06/06/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 06/20/2025 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/20/2025 <t< td=""><td></td><td></td><td></td><td></td></t<>				
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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 129/151 Rpt: 132/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	- is County Emergency Medical Services Employee P/	AC	00053202
4 Date	e 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/06/2025	06/06/2025 Stephens, Eric		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		<u> </u>
8 Principal occu Medic	upation / Job title (See Instructions)	9 Employer (See Instructions City of Austin	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Stephens, Eric)	\$3.00
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	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	upation / 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 (\$)
06/06/2025	Stevens, Mitchell		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Stevens, Mitchell		\$3.00
	Contributor address; City; State; Zip Code		1
Duin single age	Austin, TX 78721		<u> </u>
Principal occi Medic	upation / Job title (See Instructions)	Employer (See Instructions	3)
		City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	· · · · · · · · · · · · · · · · · · ·		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
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1 Total pages Schedule A1:
Sch: 130/151 Rpt: 133/156
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	- is County Emergency Medical Services Employee P/	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Swift, Patrick		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Swift, Patrick	ſ	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Tait, Grant		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Tait, Grant		\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Tarrillion, Matthew		\$5.00
	Contributor address; City; State; Zip Code		
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Tarrillion, Matthew		\$5.00
	6 Contributor address; City; State; Zip Code		
- · · ·	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Tekamp, Austin		\$3.00
	Contributor address; City; State; Zip Code		
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/06/2025	Thomas, Jonathan	/	\$3.00
00/00/2020	Contributor address; City; State; Zip Code		ψ0.00
	Continution 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 (\$)
06/20/2025	Thomas, Jonathan		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
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Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 133/151 Rpt: 136/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Thomas, Patrick		\$2.00
	6 Contributor address; City; State; Zip Code		1
Drincipal occu	Austin, TX 78721 upation / Job title (See Instructions)	9 Employer (See Instructions	~1
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	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
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Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/06/2025	Thompson, Garner		\$1.00
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	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Thompson, Garner		\$1.00
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Princinal occu	Austin, TX 78721 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
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			Amount of Contribution (\$)
Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Thornton, Nichole)	Amount of Contribution (\$) \$3.00
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	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Medic		City of Austin	
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8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Medic City of Austin	ctions)
	_) Amount of Contribution (\$)
06/06/2025 Thornton, Sarah	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	 ctions)
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Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
06/06/2025 Todd, Joshua	\$10.00
Contributor address; City; State; Zip Code	
Austin, TX 78721	
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Contributor address; City; State; Zip Code	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 135/151 Rpt: 138/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Tompkins, Hannah		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Toole, Garrett		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	;)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Toole, Garrett		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/06/2025	Toole, Kaytlyn		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/20/2025	Toole, Kaytlyn	/	\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 136/151 Rpt: 139/156	
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	County Emergency Medical Services Employee PA		00053202	,
4 Date !	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/06/2025	Torres, Gil		\$5	5.00
Ĩ	6 Contributor address; City; State; Zip Code			
	Austin, TX 78721			
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)		
Medic		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2025	Torres, Gil		\$5	5.00
l'	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
Principal occup Medic	ation / Job title (See Instructions)	Employer (See Instructions)		
		City of Austin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2025	Torrez, Ernest		τ¢	L.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78721			
	ation / Job title (See Instructions)	Employer (See Instructions)		
Principal occup Medic		Employer (See Instructions) City of Austin		
		City of Austin	Amount of Contribution (\$)	
Medic	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest	City of Austin	Amount of Contribution (\$)	L.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_	City of Austin	Amount of Contribution (\$)	L.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest	City of Austin	Amount of Contribution (\$)	L.00
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest	City of Austin	Amount of Contribution (\$)	L.00
Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$) \$1	L.00
Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$) \$1	L.00
Medic Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin) 	Amount of Contribution (\$) \$1	1.00
Medic Date 06/20/2025 Principal occup Medic	Full name of contributor out-of-state PAC (ID#: Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721 Pation / Job title (See Instructions)	City of Austin) 	Amount of Contribution (\$) \$1	1.00
Medic Date 06/20/2025 Principal occup Medic Date	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721 Pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin) 	Amount of Contribution (\$) \$1	
Medic Date 06/20/2025 Principal occup Medic Date	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Outributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Tran, Si Tran, Si	City of Austin) 	Amount of Contribution (\$) \$1	
Medic Date 06/20/2025 Principal occup Medic Date	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Tran, Si Contributor address; City; State; Zip Code	City of Austin) 	Amount of Contribution (\$) \$1	
Medic Date 06/20/2025 Principal occup Medic Date 06/06/2025	Full name of contributor Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721 Pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Tran, Si Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin	Amount of Contribution (\$) \$1 Amount of Contribution (\$) \$3	
Medic Date 06/20/2025 Principal occup Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Tran, Si Contributor address; City; State; Zip Code	City of Austin) 	Amount of Contribution (\$) \$1 Amount of Contribution (\$) \$3	

n Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 137/151 Rpt: 140/156	
		3 Filer ID (Ethics Commission Filers))
nty Emergency Medical Services Employee P/		00053202	/
ran, Si			3.00
/ Job title (See Instructions)	9 Employer (See Instructions) City of Austin		
ull name of contributor ot-state PAC (ID#:_)	Amount of Contribution (\$)	
—			3.00
/ Job title (See Instructions)			
	City of Austin		
ull name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
		\$3	3.00
7 Job lille (See instructions)	City of Austin		
ull name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
-		\$3	3.00
ustin, TX 78721			
/ Job title (See Instructions)	Employer (See Instructions) City of Austin		
ull name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
rojanowski, Mark		\$3	3.00
contributor address; City; State; Zip Code			
ustin, TX 78721			
ustin, TX 78721 n / Job title (See Instructions)	Employer (See Instructions)		
	uill name of contributor out-of-state PAC (ID#:_ iran, Si contributor address; City; State; Zip Code uustin, TX 78721 out-of-state PAC (ID#:_ i'ull name of contributor out-of-state PAC (ID#:_ i'raxel, Joshua contributor address; City; State; Zip Code uustin, TX 78721 out-of-state PAC (ID#:_ i'raxel, Joshua out-of-state PAC (ID#:_ i'ull name of contributor out-of-state PAC (ID#:_ i'raxel, Joshua out-of-state PAC (ID#:_ i'rojanowski, Mark out-of-state PAC (ID#:_ i'rojanowski, Mark contributor address; City; State; Zip Code uustin, TX 78721 out-of-state PAC (ID#:_ i'rojanowski, Mark contributor address; City; State; Zip Code	Inty Emergency Medical Services Employee PAC	Inty Emergency Medical Services Employee PAC 00053202 uil name of contributor out-of-state PAC (ID#:

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 138/151 Rpt: 141/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee Pa		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Trujillo, Hope		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	ə
Medic		City of Austin)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Trujillo, Hope	,	\$3.00
	Austin, TX 78721		
	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 (\$)
06/06/2025	Van Treese, Taylor		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>
Medic	,	City of Austin	,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Van Treese, Taylor		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/06/2025	Vargas, Eric		\$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	,
		<u> </u>	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 139/151 Rpt: 142/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P/	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Vargas, Eric		\$3.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>)</u>
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Veasna, Renayuddh		\$3.0
	Contributor address; City; State; Zip Code		1
Drinoinal occur	Austin, TX 78721	Employer (See Instructions	
Principal occup Medic	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	3)
			Language of Contribution (\$)
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Veasna, Renayuddh)	Amount of Contribution (\$) \$3.0
00/20/2023	-		ψο.υ
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$3.0
	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 (\$)
06/20/2025	Vega, Aldo		\$3.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	<i>'</i> /

The Instrue	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 140/151 Rpt: 143/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Villalobos, Ana		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions	5))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Villalobos, Ana		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	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 (\$)
06/06/2025	Voelker, Jaime		\$3.00
	Contributor address; City; State; Zip Code		
- 1 - 1 - 1	Austin, TX 78721	1 <u> </u>	
Principal occu Medic	pation / Job title (See Instructions)	Employer (See Instructions	5)
		City of Austin	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Voelker, Jaime		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()
Medic		City of Austin	7
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Full name of contributor out-of-state PAC (ID#: Wadham, Gary)	Amount of Contribution (\$) \$5.00
0010012020	Contributor address; City; State; Zip Code		\$0.00
	Continuation address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Medic		City of Austin	7

The Instruc	tion Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 141/151 Rpt: 144/156		
2 FILER NAME			3 Filer ID (Ethics Commission Fil	ers)	
	County Emergency Medical Services Employee Pa		00053202	0.0,	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)		
06/20/2025	Wadham, Gary			\$5.00	
Ţ,	6 Contributor address; City; State; Zip Code				
	Austin, TX 78721				
	pation / Job title (See Instructions)	9 Employer (See Instructions)			
Medic	<u></u>	City of Austin			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
06/06/2025	Walker, Ira			\$3.00	
	Contributor address; City; State; Zip Code				
	Austin, TX 78721				
Principal occup	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 (\$)		
06/20/2025	Walker, Ira			\$3.00	
				40 .02	
	Austin, TX 78721				
	Austin, TX 78721 Dation / Job title (See Instructions)	Employer (See Instructions)			
Principal occup Medic		Employer (See Instructions) City of Austin			
		City of Austin	Amount of Contribution (\$)		
Medic	Full name of contributor out-of-state PAC (ID#:	City of Austin)	Amount of Contribution (\$)	\$2.00	
Medic Date	Full name of contributor out-of-state PAC (ID#:_	City of Austin)	Amount of Contribution (\$)	\$2.00	
Medic Date	Full name of contributor out-of-state PAC (ID#:	City of Austin)	Amount of Contribution (\$)	\$2.00	
Medic Date	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code	City of Austin)	Amount of Contribution (\$)	\$2.00	
Medic Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	City of Austin)	Amount of Contribution (\$)	\$2.00	
Medic Date 06/06/2025 Principal occup	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code	City of Austin	Amount of Contribution (\$)	\$2.00	
Medic Date 06/06/2025 Principal occup Medic	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Outributor address; City; State; Zip Code Austin, TX 78721 Outributor (See Instructions)	City of Austin) 		\$2.00	
Medic Date 06/06/2025 Principal occup Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Outributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin) 	Amount of Contribution (\$)		
Medic Date 06/06/2025 Principal occup Medic	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Out-of-state PAC (ID#:_	City of Austin) 		\$2.00	
Medic Date 06/06/2025 Principal occup Medic Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Outributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	City of Austin) 			
Medic Date 06/06/2025 Principal occup Medic Date	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Out-of-state PAC (ID#:_	City of Austin) 			
Medic Date 06/06/2025 Principal occup Medic Date	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Out-of-state PAC (ID#:_	City of Austin) 			
Medic Date 06/06/2025 Principal occup Medic Date 06/20/2025 .	Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Outributor address; City; State; Zip Code Austin, TX 78721 Outributor (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Ward, Christopher Out-of-state PAC (ID#:_ Outributor address; City; State; Zip Code	City of Austin) 			
The	Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 142/151 Rpt: 145/156	
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2 FILEF	R NAME			3 Filer ID (Ethics Commission Filers	5)
		S County Emergency Medical Services Employee PA	4C	00053202	-,
4 Date		5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/06	6/2025	Warren, William		\$	3.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78721			
8 Princi	ipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	l IS)	
Medi	ic		City of Austin		
Date		Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/20	0/2025	Warren, William		\$	3.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721	-		
	•	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
Medi	ic		City of Austin		
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06	6/2025	Way, Alexander		\$	3.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
Princi	inal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Medi	•		City of Austin	15)	
Date		Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	0/2025	Way, Alexander	/		3.00
00,20	012020	Contributor address; City; State; Zip Code			0.00
		Continuation address, City, State, Zip Code			
		Austin, TX 78721			
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
Medi	ic		City of Austin		
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06	06/06/2025 Weber, Wyatt			\$	3.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78721			
			Employer (See Instructions	15)	
Medi	IC		City of Austin		

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 143/151 Rpt: 146/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Weber, Wyatt		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Medic		City of Austin	
Date)	Amount of Contribution (\$)
06/06/2025	Weil, Skyler		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
-	ipation / Job title (See Instructions)	Employer (See Instructions	i)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Weil, Skyler		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Bringinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	·)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Weldon, Tyler		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Medic	•	City of Austin	, ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/20/2025	Weldon, Tyler		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 144/151 Rpt: 147/156
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	s County Emergency Medical Services Employee P/	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Welkley, Justin		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Welkley, Justin		\$3.00
	Contributor address; City; State; Zip Code		
D in sin al assu	Austin, TX 78721		、 、
	ipation / 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 (\$)
06/06/2025	Wesen, Hunter		\$3.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing ogg	Austin, TX 78721		
Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin	5)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Wesen, Hunter		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	I upation / 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 (\$)
06/06/2025	Westby, Andrew		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Medic		City of Austin	

The Instruction Guide explains how to complete this form. 1 Total pages Soft 2 FLER NAME Set: 145/151 Rpt: 148/158 Austin Travis County Emergency Medical Services Employee PAC 0055302 4 Date 6 6 Full name of contributor out-of-state PAC (tor:
Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 06/20/2025 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$2,00 8 Principal occupation / Job site (See Instructions) Medic 9 Employer (See Instructions) City of Austin Amount of Contribution (\$) 06/06/2025 Wetzel, Samuel Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/06/2025 Wetzel, Samuel Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/06/2025 Full name of contributor Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribution (\$) 06/20/2025 Full name of contributor Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribution (\$) 06/06/2025 Full name of contributor Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribution (\$) 08/06/20226 Full name of contributor Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribution (\$) 08/06/20225 Full name of contributor Austin, TX 78721 Contributor address; City; State; Zip Code Amount of Contribution (\$) 08/20/20205 Full name of contributor Aust
Austin Travis County Emergency Medical Services Employee PAC 00053202 4 Date 06/20/2025 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$2,00 8 Principal occupation / Job site (See Instructions) Medic 9 Employer (See Instructions) City of Austin Amount of Contribution (\$) 06/06/2025 Wetzel, Samuel Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/06/2025 Wetzel, Samuel Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/06/2025 Full name of contributor Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribution (\$) 06/20/2025 Full name of contributor Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribution (\$) 06/06/2025 Full name of contributor Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribution (\$) 08/06/20226 Full name of contributor Austin, TX 78721 Employer (See Instructions) City of Austin Amount of Contribution (\$) 08/06/20225 Full name of contributor Austin, TX 78721 Contributor address; City; State; Zip Code Amount of Contribution (\$) 08/20/20205 Full name of contributor Aust
06/20/2025 Westby, Andrew \$2.00 6 Contributor address; City; State; Zip Code Austin, TX 78721 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Contributor address; City; State; Zip Code Amount of Contribution (\$) O6/06/2025 Full name of contributor out-ot-state PAC (ID# Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-ot-state PAC (ID# Amount of Contribution (\$) 06/20/2025 Full name of contributor out-ot-state PAC (ID# Amount of Contribution (\$) 06/20/2025 Full name of contributor out-ot-state PAC (ID# Amount of Contribution (\$) 06/06/2025 Full name of contributor out-ot-state PAC (ID# Amount of Contribution (\$) 06/06/2025 Full name of contributor out-ot-state PAC (ID# Amount of Contribution (\$) 06/06/2025 Full name of contributor out-ot-state PAC (ID# Amount of Contribution (\$) 06/06/2025 Full name of contributor out-ot-state PAC (ID# Amount of Contribution (\$) 06/06/2025
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 146/151 Rpt: 149/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	White, Stephen		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	
Medic		City of Austin	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	White, Stephen	ſ	\$1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Whitman, Erin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Whitman, Erin		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	2)
Medic		City of Austin	>/
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/06/2025	Wiggin, Stuart	/	\$1.00
00.00	Contributor address; City; State; Zip Code		· · · ·
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 147/151 Rpt: 150/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2025	Wiggin, Stuart		\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Wilkinson, David		\$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 (\$)
06/20/2025	Wilkinson, David		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/06/2025	Williams, Dennis		\$5.00
	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 (\$)
06/20/2025	Williams, Dennis		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
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The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 148/151 Rpt: 151/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee P	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Wilson, Sydney		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Wilson, Sydney		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions	5)
		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Winters, John		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Winters, John		\$3.00
	Contributor address; City; State; Zip Code		
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	Austin, TX 78721		<u> </u>
Principal occu Medic	upation / Job title (See Instructions)	Employer (See Instructions City of Austin	6)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Wolber, Bailey		\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	I S)
Medic	· · · · · ·	City of Austin	

The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 149/151 Rpt: 152/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	- ris County Emergency Medical Services Employee P.	AC	00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2025	Wolber, Bailey		\$3.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medic		City of Austin	-,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025			\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		Į
Principal occ Medic	supation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)
Date)	Amount of Contribution (\$)
06/20/2025			\$3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	upation / 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 (\$)
06/06/2025	Wyche, Tyson		\$3.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78721		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
06/20/2025	Wyche, Tyson	\$3.00	
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	e)
Medic		City of Austin	5)
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 150/151 Rpt: 153/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s County Emergency Medical Services Employee Pa		00053202
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Xie, Selena		\$3.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78721	<u> </u>	1
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2025	Xie, Selena		\$3.00
	Contributor address; City; State; Zip Code		
- 1 1 1 - 1	Austin, TX 78721		<u></u>
	ipation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Yankiver, Lizabeth		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78721		
Dringing occu		Employer (See Instructions)	\
Medic	ipation / Job title (See Instructions)	Employer (See Instructions) City of Austin)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/06/2025	Yarbrough, James		\$4.00
	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#:	<u> </u>	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#: 06/20/2025 Yarbrough, James		/	\$4.00
00,20,2022	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78721		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions))
Medic		City of Austin	

-							
	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 151/151 Rpt: 154/156	
2	FILER NAME				3	Filer ID (Ethics Commission Fi	ilers)
	Austin Travis County Emergency Medical Services Employee PAC					00053202	,
4	Date	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/06/2025	Yasui, Benjamin					\$1.00
		6 Contributor address; City; State; Zip					
		Austin, TX 78721					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> ເ)		
Ĺ	Medic			City of Austin	-)		
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/20/2025	Yasui, Benjamin					\$1.00
		Contributor address; City; State; Zip			1		
		Austin, TX 78721					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/06/2025	deOliveira, Courtney					\$3.00
		Contributor address; City; State; Zip			1		
		Austin, TX 78721					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Medic			City of Austin			
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/20/2025	deOliveira, Courtney					\$3.00
		Contributor address; City; State; Zip	Code				
	Dringinglagou	Austin, TX 78721					
	Medic	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
				City of Austin			

LOANS						SCHED	ULE E
The Instructio	The Instruction Guide explains how to complete this form					ges Schedule E: 1 Rpt: 155/156	
2 FILER NAME Austin Travis Co	ounty Emergency Medic	al Services Employ	/ee PA	AC	3 Filer ID 000532	(Ethics Commissio	n Filers)
⁴ TOTAL OF UN	ITEMIZED LOANS					\$	0.00
5 Date of loan	7 Name of lender	out-of-s	tate PA	C (ID#:)	9 Loan Amount (\$	\$)
6 Is lender a financial institution?	8 Lender address;	City; S	tate;	Zip Code		10 Interest Rate11 Maturity Date	
						II Maturity Date	
12 Principal occupation	on / Job title (See Instruction	ons)		13 Employer (See Instructions	;)		
14 Description of Coll	ateral			15 Check if personal funds we	ere deposited	into political accour (See Instruction	
16 GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaran	iteed (\$)
not applicable	18 Guarantor address;	City; S	tate;	Zip Code			
20 Principal occupatio	n D			21 Employer (See Instructions	;)	I	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 156/156	Austin Travis County Emergency Medical Services	00053202
4 Date	5 Payee name	
06/06/2025	City of Austin	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$37.90	15 Waller	
Expenditure from corporate funds	Austin, TX 78702	
8 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense C tion fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
06/20/2025	City of Austin	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.50	15 Waller	
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense C tion fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held