

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00053202		2 Total pages filed: 152	
3 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/03/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 310 Comal St. Bldg. 2 Ste. 237 Austin, TX 78702				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jonathan NICKNAME LAST SUFFIX Kalinowski				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 310 Comal St. Bldg. 2 Ste. 237 Austin, TX 78702				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 310 Comal St. Bldg. 2 Ste. 237 Austin, TX 78702				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (847) 691-5421				
9 REPORT TYPE	☒ Monthly ☐ 10th day after campaign treasurer termination ☐ Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	☐ January 5 ☐ April 5 ☐ July 5 ☐ October 5 ☐ February 5 ☐ May 5 ☐ August 5 ☐ November 5 ☐ March 5 ☐ June 5 ☒ September 5 ☐ December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/26/2025 08/25/2025				

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC	13 Filer ID (Ethics Commission Filers) 00053202
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported George Morales
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,253.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 105,940.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Jonathan Kalinowski

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 152

17 COMMITTEE NAME Austin Travis County Emergency Medical Services Employee PAC		18 Filer ID (Ethics Commission Filers) 00053202
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,253.62
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☐ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	☐ SCHEDULE E: LOANS	\$
10.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,000.00
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/148 Rpt: 4/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Abdelhadi, Leila 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Abdelhadi, Leila Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Abernathy, Kayla Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Abernathy, Kayla Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ackland, Georgia Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/148 Rpt: 5/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ackland, Georgia 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Adcock, Brandon Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Adcock, Brandon Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Aguilar, Ricardo Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Aguilar, Ricardo Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/148 Rpt: 6/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Albear, Oscar 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Albear, Oscar Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Allen, Janel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Allen, Janel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Almaguer, Luis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/148 Rpt: 7/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Almaguer, Luis 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Almodovar, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Almodovar, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Anderson, Scott Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Anderson, Scott Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/148 Rpt: 8/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Anthon, McKenna 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Anthon, McKenna Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Armas, David Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Armas, David Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Armstrong, Charles Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Armstrong, Charles 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Arocha-Guerra, Val Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Arocha-Guerra, Val Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Aubin, Scott Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Aubin, Scott Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/148 Rpt: 10/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Aune, Joseph 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Aune, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Avila, America Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Avila, America Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Azelton, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/148 Rpt: 11/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Azelson, Andrew 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Azuara Mendez, Elvia Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Azuara Mendez, Elvia Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bailey, Charles Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bailey, Charles Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/148 Rpt: 12/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bailey, James 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bailey, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bailey, Michael Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bailey, Michael Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Baker, Alexander Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/148 Rpt: 13/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Baker, Alexander 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Baker, Amanda Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Baker, Amanda Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Baker, Coty Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Baker, Coty Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/148 Rpt: 14/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Baker, Travis 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Baker, Travis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Balboa, Adam Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Balboa, Adam Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Barch-Chandler, Travis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/148 Rpt: 15/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Barch-Chandler, Travis 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Barnhart, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Barnhart, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bauhs, Isabel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bauhs, Isabel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/148 Rpt: 16/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Beaver, Camille 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bell, Jory Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bell, Jory Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bernal, Erica Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bernal, Erica Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/148 Rpt: 17/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Black, Jessica 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Black, Jessica Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Blais, Braden Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Blais, Braden Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Blume, Michael Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/148 Rpt: 18/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Blume, Michael 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bockewitz, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bockewitz, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bostrom, Shanna Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bostrom, Shanna Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/148 Rpt: 19/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Braunstein, Spencer 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Braunstein, Spencer Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brazelton, Reese Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brazelton, Reese Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brindley, Jordan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/148 Rpt: 20/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Brindley, Jordan 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Broadbent, Kolby Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Broadbent, Kolby Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brown, Camille Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brown, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/148 Rpt: 21/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Brown, Christopher 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brown, Johnathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brown, Johnathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brunson, Savannah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brunson, Savannah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/148 Rpt: 22/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bumpus, Ross 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bumpus, Ross Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Burgoyne, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Burgoyne, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bynum, Gillian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/148 Rpt: 23/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bynum, Gillian 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cabrera, Ryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cabrera, Ryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cain, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cain, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/148 Rpt: 24/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Calderon, Audrey 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$0.27
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Calderon, Audrey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$0.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cantonis, Carl Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cantonis, Carl Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cantu, Micah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/148 Rpt: 25/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Cantu, Micah 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carter, Emma Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carter, Emma Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cavarretta, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cavarretta, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/148 Rpt: 26/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Celani, Anthony 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Celani, Anthony Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cendejas, Jacqueline Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cendejas, Jacqueline Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Charboneau, Christian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/148 Rpt: 27/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Charboneau, Christian 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chavez, Erin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chavez, Erin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chhabra, Ranjit Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chhabra, Ranjit Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/148 Rpt: 28/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ciminera, Joseph 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ciminera, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cisneros, Kevin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cisneros, Kevin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) City of Austin Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$1,049.08
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/148 Rpt: 29/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) City of Austin 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$1,040.88
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Clark, Rajiv Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Clark, Rajiv Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Clark, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Clark, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/148 Rpt: 30/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Clarkson, Diana 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Clarkson, Diana Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cluskey, Francis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cluskey, Francis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cochnauer, Raymond Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/148 Rpt: 31/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Cochnauer, Raymond 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cole, Jason Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cole, Jason Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Coleman, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Coleman, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/148 Rpt: 32/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Cooper, Matthew 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cooper, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cornwall, Angela Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Costantino, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/148 Rpt: 33/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Costantino, John 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Crock, Clairissa Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Crock, Clairissa Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Crouch, Jordan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Crouch, Jordan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/148 Rpt: 34/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Crouch, William 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Crouch, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cruz Zarate, Hector Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cruz Zarate, Hector Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cullens, Malik Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/148 Rpt: 35/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Cullens, Malik 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cummings, Daniel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cummings, Daniel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Damron, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Damron, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/148 Rpt: 36/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Dantas, Felipe 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dantas, Felipe Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Davis, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Davis, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Davis, Richard Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/148 Rpt: 37/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Davis, Richard 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DeLong, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DeLong, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dean-Masse, Dustin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/148 Rpt: 38/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Derion, Sarah 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Derion, Sarah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dionizio, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dionizio, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Donohoe, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/148 Rpt: 39/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Donohoe, John 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Draper, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Draper, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Duran, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Duran, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/148 Rpt: 40/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Durham, David 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Durham, David Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Echevarria, Edgardo Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Echevarria, Edgardo Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Edmonson, Savanna Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/148 Rpt: 41/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Edmonson, Savanna 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Eeten, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Eeten, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Efe Aluebhosese, Onome Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Efe Aluebhosese, Onome Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/148 Rpt: 42/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Eguia, Eduardo 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Eguia, Eduardo Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Elbel, Amber Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Elbel, Amber Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Elizardo, Daniel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/148 Rpt: 43/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Elizardo, Daniel 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ellis, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ellis, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Emmick, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Emmick, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/148 Rpt: 44/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Engstrom, Justin 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Engstrom, Justin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ermentraut, Diana Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ermentraut, Diana Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Falder, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/148 Rpt: 45/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Falder, William 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ferguson, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ferguson, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ferguson, Thomas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/148 Rpt: 46/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Fernandez, Eric 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fernandez, Eric Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Figueroa, Joshua Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Figueroa, Joshua Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Finch, Walter Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/148 Rpt: 47/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Finch, Walter 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fitzpatrick, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fitzpatrick, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Flanagan, Rilie Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Flanagan, Rilie Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/148 Rpt: 48/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Flores, Raul 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Flores, Raul Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Flores, Robert Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Flores, Robert Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Flores, Tiana Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/148 Rpt: 49/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Flores, Tiana 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fuentes, Timothy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fuentes, Timothy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gallio, Riane Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gallio, Riane Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/148 Rpt: 50/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Galloway, Rose 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Galloway, Rose Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Garcia, Bianca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Garcia, Bianca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Garcia, Devin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/148 Rpt: 51/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Garcia, Devin 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gardner, Dale Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gardner, Dale Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Garrett, Christina Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Garrett, Christina Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/148 Rpt: 52/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Gastelum, Aaron 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gastelum, Aaron Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Godinez, Allyson Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Godinez, Allyson Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gold, Mora Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/148 Rpt: 53/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Gold, Mora 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gonzales - Dick, Alyssa Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gonzales - Dick, Alyssa Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gordon, Jennifer Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/148 Rpt: 54/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Gowe, Kathleen 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gowe, Kathleen Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gregson, Jordan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gregson, Jordan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Griffin, Bradley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/148 Rpt: 55/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Griffin, Bradley 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Griffith, Kimberly Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Griffith, Kimberly Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Grijalva, Corey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Grijalva, Corey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/148 Rpt: 56/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Groenloh, Jodie 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Groenloh, Jodie Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Guevara, Daniel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Guevara, Daniel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hadas, Brian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/148 Rpt: 57/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hadas, Brian 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hadden, Justin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hadden, Justin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Haggarty, Timothy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Haggarty, Timothy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/148 Rpt: 58/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hair, Nathan 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hair, Nathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hairston, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hairston, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hanes, Rodney Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/148 Rpt: 59/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hanes, Rodney 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hanks, Kaden Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hanks, Kaden Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hargrave, Jeffrey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hargrave, Jeffrey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/148 Rpt: 60/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Harner, Kevin 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hawthorne, Cole Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hawthorne, Cole Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hellein, Jacob Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hellein, Jacob Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/148 Rpt: 61/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hernandez, Hugo 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hernandez, Hugo Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hernandez Arias, Alejandra Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hernandez Garza, Vanessa Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/148 Rpt: 62/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hernandez Garza, Vanessa 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Herrera, Caroline Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Herrera, Caroline Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hicks, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hicks, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/148 Rpt: 63/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hindman, Justin 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hindman, Justin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hindman, Shelby Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hindman, Shelby Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Holland, Travis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/148 Rpt: 64/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Holland, Travis 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hoppe, Christine Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hoppe, Christine Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Howell, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Howell, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/148 Rpt: 65/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Huitt, Andrew 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Huitt, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jackson, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jackson, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jacobsen, Patrick Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/148 Rpt: 66/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jacobsen, Patrick 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jakubauskas, Eric Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jakubauskas, Eric Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) James, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) James, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/148 Rpt: 67/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jensen, David 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jensen, David Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jimenez, Noah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jimenez, Noah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/148 Rpt: 68/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jimenez Unzueta, Marco 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jinadasa, Sampath Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jinadasa, Sampath Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Johns, Edward Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/148 Rpt: 69/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Johnson, Katherine 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$0.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Johnson, Katherine Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$0.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Johnson-Franklin, Ashley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Johnson-Franklin, Ashley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kahlon, Jewanjot Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/148 Rpt: 70/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kahlon, Jewanjot 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kalinowski, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.40
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kalinowski, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.40
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kaminowitz, Robert Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kaminowitz, Robert Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/148 Rpt: 71/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kane, Mikel 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kane, Mikel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Keef, Sean Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Keef, Sean Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kelly, Emily Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/148 Rpt: 72/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kelly, Emily 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kendall, Jacob Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kendall, Jacob Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ketelsen, Ian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ketelsen, Ian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/148 Rpt: 73/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kimble, Alena 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kimble, Alena Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kingsbury, Dillon Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kingsbury, Dillon Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kirmanidis, Andre Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/148 Rpt: 74/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kirmanidis, Andre 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Knauer, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Knauer, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Knight, Aaron Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Knight, Aaron Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/148 Rpt: 75/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Koch, James 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Koch, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Koller, Joel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Koller, Joel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kownacki, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/148 Rpt: 76/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kownacki, Benjamin 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kraemer, Ashley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kraemer, Ashley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Krampitz, Casey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Krampitz, Casey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/148 Rpt: 77/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kraus, Stephen 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kraus, Stephen Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Krycia, Noah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Krycia, Noah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kurtze, Benedict Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/148 Rpt: 78/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kurtze, Benedict 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lamoureux, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lamoureux, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lancaster, Eric Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lancaster, Eric Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/148 Rpt: 79/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LeFan, Rebecca 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LeFan, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Leib, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Leib, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Leibin, Michael Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/148 Rpt: 80/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Leibin, Michael 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lesley, Brian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lesley, Brian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lester, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lester, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/148 Rpt: 81/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Leyva, Andrew 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Leyva, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Li, Chenhao Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Li, Chenhao Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lidster, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/148 Rpt: 82/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lidster, Matthew 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lindsay, Ross Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lindsay, Ross Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lines, Bradley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lines, Bradley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/148 Rpt: 83/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lopez, Cindy 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lopez, Cindy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lopez, Lindsay Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lopez, Lindsay Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lopez, Ramon Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/148 Rpt: 84/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lopez, Ramon 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lozano Avila, Victor Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lydon, Cassandra Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lydon, Cassandra Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Malgieri, Anthony Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/148 Rpt: 85/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Malgieri, Anthony 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mallon, Paul Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mallon, Paul Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Malone, Jordan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Malone, Jordan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/148 Rpt: 86/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Mancias, Vivian 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mancias, Vivian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Martin, Denise Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Martin, Denise Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Martin, Emily Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/148 Rpt: 87/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Martin, Emily 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Martin, Noah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Martin, Noah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Martinez, Henry Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Martinez, Henry Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/148 Rpt: 88/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Mason, Bryan 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$4.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mason, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Maxwell, Aaron Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Maxwell, Aaron Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) May, Meghan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/148 Rpt: 89/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) May, Meghan 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.27
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McClelland, Sterling Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McClelland, Sterling Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McDaniel, Michael Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McDaniel, Michael Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/148 Rpt: 90/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) McGarry, Kenneth 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McGarry, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McIntire, Morgan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McIntire, Morgan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McLaughlin, Kathleen Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/148 Rpt: 91/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) McLaughlin, Kathleen 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mead, Catrina Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mead, Catrina Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Medina, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Medina, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/148 Rpt: 92/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Megally, Maureen 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Megally, Maureen Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mestaz, Thomas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mestaz, Thomas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Metzger, Austin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/148 Rpt: 93/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Metzger, Austin 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Meyer, Brett Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Meyer, Brett Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michaelson, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michaelson, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/148 Rpt: 94/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Miller, Matthew 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Miller, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mireles, Guadalupe Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mireles, Guadalupe Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mockler, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/148 Rpt: 95/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Mockler, John 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Molinelli, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Molinelli, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Monson, Nancy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Monson, Nancy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/148 Rpt: 96/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Montes, Angelica 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Montes, Angelica Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Moore, Alexander Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Moore, Alexander Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Moore, Garrett Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/148 Rpt: 97/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Moore, Garrett 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Morris, Kyle Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Morris, Kyle Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Morrison, Timothy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Morrison, Timothy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/148 Rpt: 98/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Morton, Rebecca 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Morton, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Muniz, Brian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Muniz, Brian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Murry, Richard Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$0.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/148 Rpt: 99/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Murry, Richard 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$0.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nance, Megan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nance, Megan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Negron, Luis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Negron, Luis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/148 Rpt: 100/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Nelson, William 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nelson, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Niemann, Bradley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Niemann, Bradley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Niswender, Kellie Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/148 Rpt: 101/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Niswender, Kellie 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Noak, Darren Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Noak, Darren Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Noble, Keith Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Noble, Keith Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/148 Rpt: 102/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Nofle, Rachel 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nofle, Rachel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Olivarez, Dominique Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Olivarez, Dominique Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Olivo, Nicholas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/148 Rpt: 103/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Olivo, Nicholas 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Orr, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Orr, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Orr, Valeria Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Orr, Valeria Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/148 Rpt: 104/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Owens, Ashley 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Owens, Ashley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pailes, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pailes, Kenneth Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Palmer, Jacob Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/148 Rpt: 105/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Palmer, Jacob 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Parker, Christine Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Parker, Christine Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Patterson, Roger Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Patterson, Roger Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/148 Rpt: 106/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Penner, Andre 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Penner, Andre Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Perry, Sean Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Perry, Sean Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Phillips, Heather Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/148 Rpt: 107/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Phillips, Heather 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Phillips, Kyle Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Phillips, Kyle Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pittman, Katie Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pittman, Katie Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/148 Rpt: 108/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Plewacki, Thomas 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Plewacki, Thomas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Posada, Gabriel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Posada, Gabriel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Poss, Lauren Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/148 Rpt: 109/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Poss, Lauren 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Powell-Evans, Simon Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Powell-Evans, Simon Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Powers, Kristy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Powers, Kristy Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/148 Rpt: 110/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Price, Amber 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Price, Amber Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pruiett, Cayden Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pruiett, Cayden Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Puckett, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/148 Rpt: 111/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Puckett, James 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.30
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pursley, Shaun Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Quiroz Mendez, Jesus Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/148 Rpt: 112/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Radcliffe, James 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Radcliffe, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rafferty, Zachary Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rafferty, Zachary Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ramos, Duane Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/148 Rpt: 113/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ramos, Duane 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rasmussen, Nathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rasmussen, Nathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rasmussen, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rasmussen, Rebecca Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/148 Rpt: 114/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rattan, MaKena 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rattan, MaKena Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rawn, Madison Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rawn, Madison Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Reader, Robert Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/148 Rpt: 115/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Reader, Robert 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Redd, Kevin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Redd, Kevin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Regier, Natalie Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Regier, Natalie Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/148 Rpt: 116/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Reilly, Susanna 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Reilly, Susanna Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Remus, Hannah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Remus, Hannah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Reyes, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/148 Rpt: 117/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Reyes, Christopher 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rice, Larry Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Richter, Lauren Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/148 Rpt: 118/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Risinger, Russell 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Risinger, Russell Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ristine, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ristine, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rivera, Nathaniel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/148 Rpt: 119/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rivera, Nathaniel 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Robbins, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Robbins, Joseph Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rocha, Andrea Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rocha, Andrea Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/148 Rpt: 120/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rodgers, Jared 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rodgers, Jared Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rodriguez, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rodriguez, Giovanni Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/148 Rpt: 121/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rodriguez, Giovanni 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Roe, Lillian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Roe, Lillian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rogers, Darren Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rogers, Darren Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/148 Rpt: 122/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rogers, Wesley 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rogers, Wesley Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Romo, Jodeci Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Romo, Jodeci Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rose, Donald Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/148 Rpt: 123/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rose, Donald 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rutledge, Lindsey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rutledge, Lindsey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Salmeron, Alejandro Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Salmeron, Alejandro Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/148 Rpt: 124/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sandoval Ruano, Edward 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sandoval Ruano, Edward Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Santiago, Sabrina Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Santiago, Sabrina Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Scaglione, Daniel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/148 Rpt: 125/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Scaglione, Daniel 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Scamman, Alexis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Scamman, Alexis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Schulz, Douglas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Schulz, Douglas Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/148 Rpt: 126/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Schutt, Kyle 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Schutt, Kyle Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Scott, Austin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Scott, Austin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sedillo, Gabriel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/148 Rpt: 127/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sedillo, Gabriel 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sircher, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sircher, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sklar, Estelle Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sklar, Estelle Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/148 Rpt: 128/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Slattery, Christian 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Slattery, Christian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sletten, Spencer Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sletten, Spencer Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Smith, Anthony Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/148 Rpt: 129/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Smith, Anthony 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Smith, Ashlyn Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Smith, Ashlyn Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Soto, Karina Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stedman, Christina Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/148 Rpt: 130/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Stedman, Christina 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stephens, Eric Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stephens, Eric Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stevens, Mitchell Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stevens, Mitchell Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/148 Rpt: 131/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Stowe, Richard 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stowe, Richard Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stubbs, Brian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stubbs, Brian Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Swift, Patrick Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/148 Rpt: 132/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Swift, Patrick 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tait, Grant Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tait, Grant Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tarrillion, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tarrillion, Matthew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/148 Rpt: 133/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Tekamp, Austin 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tekamp, Austin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Thomas, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Thomas, Jonathan Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Thompson, Garner Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/148 Rpt: 134/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Thompson, Garner 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Thornton, Nichole Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Todd, Joshua Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Todd, Joshua Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/148 Rpt: 135/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Tompkins, Hannah 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tompkins, Hannah Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Toole, Garrett Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Toole, Garrett Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Toole, Kaytlyn Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/148 Rpt: 136/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Toole, Kaytlyn 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Torres, Gil Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Torres, Gil Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Torrez, Ernest Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/148 Rpt: 137/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Tran, Si 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tran, Si Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Traxel, Joshua Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Traxel, Joshua Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Trojanowski, Mark Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/148 Rpt: 138/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Trojanowski, Mark 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Trujillo, Hope Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Trujillo, Hope Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Van Treeese, Taylor Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Van Treeese, Taylor Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/148 Rpt: 139/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Vargas, Eric 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vargas, Eric Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Veasna, Renayuddh Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Veasna, Renayuddh Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vega, Aldo Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/148 Rpt: 140/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Vega, Aldo 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Villalobos, Ana Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Villalobos, Ana Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Voelker, Jaime Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Voelker, Jaime Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/148 Rpt: 141/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Wadham, Gary 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wadham, Gary Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Walker, Ira Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Walker, Ira Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ward, Christopher Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/148 Rpt: 142/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ward, Christopher 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Warren, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Warren, William Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Way, Alexander Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Way, Alexander Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/148 Rpt: 143/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Weber, Wyatt 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Weber, Wyatt Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Weil, Skyler Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Weil, Skyler Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Weldon, Tyler Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/148 Rpt: 144/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Weldon, Tyler 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Welkley, Justin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wesen, Hunter Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wesen, Hunter Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/148 Rpt: 145/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Westby, Andrew 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Westby, Andrew Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wetzel, Samuel Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) White, Anna Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/148 Rpt: 146/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) White, Anna 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) White, Stephen Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) White, Stephen Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Whitman, Erin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Whitman, Erin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/148 Rpt: 147/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Wiggin, Stuart 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wiggin, Stuart Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wilkinson, David Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wilkinson, David Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Williams, Dennis Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/148 Rpt: 148/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Williams, Dennis 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wilson, Sydney Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wilson, Sydney Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Winters, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Winters, John Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/148 Rpt: 149/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Wolber, Bailey 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wolber, Bailey Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wright, Courtney Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wright, Courtney Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wyche, Tyson Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/148 Rpt: 150/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Wyche, Tyson 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Xie, Selena Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Xie, Selena Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Yarbrough, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Yarbrough, James Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/148 Rpt: 151/152
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 08/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Yasui, Benjamin 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Yasui, Benjamin Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) deOliveira, Courtney Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) deOliveira, Courtney Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 152/152	2 FILER NAME Austin Travis County Emergency Medical Services	3 Filer ID (Ethics Commission Filers) 00053202
4 Date 07/28/2025	5 Payee name Morales, George	
6 Amount (\$) \$2,000.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4704 Cabob St Austin, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2025	Payee name Z to A Research	
Amount (\$) \$2,000.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 1930 Columbia Rd NW Unit 127 Washington DC, DC 20009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Polling expense paid to Z to A Research
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held