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: 231

3 COMMITTEE NAME: Austin Travis County Emergency Medical Services Employee PAC

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 10/30/2025

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

- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

- [ ] January 5
- [ ] February 5
- [ ] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [X] November 5
- [ ] December 5

11 PERIOD COVERED

Month Day Year: 09/26/2025 THROUGH Month Day Year: 10/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202

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
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported Ballot ID:Prop Q Election Date:2025-11-04 Desc:Tax rate election
		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)	$ 3,336.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 25,112.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 73,188.08
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

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Austin Travis County Emergency Medical Services Employee PAC	00053202

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 3,336.54
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
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.	[X]	SCHEDULE E: LOANS	**$** 0.00
10.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 25,112.50
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: 1/225 Rpt: 4/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Abdelhadi, Leila Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Abdelhadi, Leila Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Abdelhadi, Leila Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Abernathy, Kayla Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Abernathy, Kayla Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/225 Rpt: 5/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Abernathy, Kayla	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Adcock, Brandon	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Adcock, Brandon	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Adcock, Brandon	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Aguilar, Ricardo	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/225 Rpt: 6/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Aguilar, Ricardo Austin, TX 78721	$2.50	Medic	City of Austin
10/24/2025	Aguilar, Ricardo Austin, TX 78721	$2.50	Medic	City of Austin
09/26/2025	Albear, Oscar Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Albear, Oscar Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Albear, Oscar Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/225 Rpt: 7/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Allen, Janel	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Allen, Janel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Allen, Janel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Almaguer, Luis	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Almaguer, Luis	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/225 Rpt: 8/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Almaguer, Luis **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor / out-of-state PAC (ID#:): Almodovar, Alejandra Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $5.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Almodovar, Alejandra Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $5.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor / out-of-state PAC (ID#:): Almodovar, Alejandra Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $5.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor / out-of-state PAC (ID#:): Anderson, Scott Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $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: 6/225 Rpt: 9/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Anderson, Scott Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Anderson, Scott Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Anthon, McKenna Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Anthon, McKenna Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Anthon, McKenna Austin, TX 78721	$3.00	Medic	City of Austin

☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/225 Rpt: 10/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Armas, David Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Armas, David Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Armas, David Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Armstrong, Charles Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Armstrong, Charles Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/225 Rpt: 11/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Armstrong, Charles	$1.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Arocha-Guerra, Val	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Arocha-Guerra, Val	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Arocha-Guerra, Val	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Aubin, Scott	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 9/225 Rpt: 12/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Aubin, Scott Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Aubin, Scott Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Aune, Joseph Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Aune, Joseph Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Aune, Joseph Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 10/225 Rpt: 13/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Avila, America Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Avila, America Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Avila, America Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Azelton, Andrew Austin, TX 78721	$2.50	Medic	City of Austin
10/10/2025	Azelton, Andrew Austin, TX 78721	$2.50	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 11/225 Rpt: 14/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Azelton, Andrew **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$2.50

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Azuara Mendez, Elvia Contributor address; City; State; Zip Code: Austin, TX 78721	$3.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Azuara Mendez, Elvia Contributor address; City; State; Zip Code: Austin, TX 78721	$3.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Azuara Mendez, Elvia Contributor address; City; State; Zip Code: Austin, TX 78721	$3.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Bailey, Charles Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 12/225 Rpt: 15/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Bailey, Charles	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Bailey, Charles	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Bailey, James	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Bailey, James	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Bailey, James	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 13/225 Rpt: 16/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Bailey, Michael **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Bailey, Michael Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Bailey, Michael Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Baker, Alexander Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Baker, Alexander Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 14/225 Rpt: 17/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Baker, Alexander	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Baker, Amanda	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Baker, Amanda	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Baker, Amanda	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Baker, Coty	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 15/225 Rpt: 18/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Baker, Coty	$5.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Baker, Coty	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Baker, Travis	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Baker, Travis	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Baker, Travis	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 16/225 Rpt: 19/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Balboa, Adam Austin, TX 78721	$2.00	Medic	City of Austin
10/10/2025	Balboa, Adam Austin, TX 78721	$2.00	Medic	City of Austin
10/24/2025	Balboa, Adam Austin, TX 78721	$2.00	Medic	City of Austin
09/26/2025	Barch-Chandler, Travis Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Barch-Chandler, Travis Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 17/225 Rpt: 20/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Barch-Chandler, Travis	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Barnhart, Jennifer	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Barnhart, Jennifer	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Barnhart, Jennifer	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Bell, Jory	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 18/225 Rpt: 21/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Bell, Jory	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Bell, Jory	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Bernal, Erica	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Bernal, Erica	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Bernal, Erica	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 19/225 Rpt: 22/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Black, Jessica **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Black, Jessica Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor / out-of-state PAC (ID#:): Black, Jessica Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor / out-of-state PAC (ID#:): Blais, Braden Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Blais, Braden Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 20/225 Rpt: 23/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Blais, Braden	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Blume, Michael	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Blume, Michael	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Blume, Michael	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Bockewitz, William	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 21/225 Rpt: 24/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	☐ out-of-state PAC (ID#:_____) Bockewitz, William Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Bockewitz, William Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Bostrom, Shanna Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Bostrom, Shanna Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Bostrom, Shanna Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 22/225 Rpt: 25/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Braunstein, Spencer Austin, TX 78721	$10.00	Medic	City of Austin
10/10/2025	Braunstein, Spencer Austin, TX 78721	$10.00	Medic	City of Austin
10/24/2025	Braunstein, Spencer Austin, TX 78721	$10.00	Medic	City of Austin
09/26/2025	Brazelton, Reese Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Brazelton, Reese Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 23/225 Rpt: 26/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/24/2025	Brazelton, Reese	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Brindley, Jordan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Brindley, Jordan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Brindley, Jordan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Broadbent, Kolby	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 24/225 Rpt: 27/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Broadbent, Kolby	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Broadbent, Kolby	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Brown, Camille	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Brown, Camille	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Brown, Camille	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 25/225 Rpt: 28/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Brown, Christopher Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Brown, Christopher Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Brown, Christopher Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Brown, Johnathan Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Brown, Johnathan Austin, TX 78721	$3.00	Medic	City of Austin

☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 26/225 Rpt: 29/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Brown, Johnathan	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Brunson, Savannah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Brunson, Savannah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Brunson, Savannah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Bumpus, Ross	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 27/225 Rpt: 30/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Bumpus, Ross Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Bumpus, Ross Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Burgoyne, James Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Burgoyne, James Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Burgoyne, James Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 28/225 Rpt: 31/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	Bynum, Gillian	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Bynum, Gillian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Bynum, Gillian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Cabrera, Ryan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Cabrera, Ryan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 29/225 Rpt: 32/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Cabrera, Ryan	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Cain, Christopher	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Cain, Christopher	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Cain, Christopher	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Calderon, Audrey	$0.27
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 30/225 Rpt: 33/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Calderon, Audrey	$0.27
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Calderon, Audrey	$0.27
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Cantonis, Carl	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Cantonis, Carl	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Cantonis, Carl	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 31/225 Rpt: 34/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Cantu, Micah **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Cantu, Micah Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor / out-of-state PAC (ID#:): Cantu, Micah Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor / out-of-state PAC (ID#:): Carter, Emma Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Carter, Emma Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 32/225 Rpt: 35/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Carter, Emma	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Cavarretta, James	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Cavarretta, James	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Cavarretta, James	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Celani, Anthony	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 33/225 Rpt: 36/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Celani, Anthony	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Celani, Anthony	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Cendejas, Jacqueline	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Cendejas, Jacqueline	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Cendejas, Jacqueline	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 34/225 Rpt: 37/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Charboneau, Christian Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Charboneau, Christian Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Charboneau, Christian Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Chavez, Erin Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Chavez, Erin Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 35/225 Rpt: 38/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Chavez, Erin	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Chhabra, Ranjit	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Chhabra, Ranjit	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Chhabra, Ranjit	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Ciminera, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 36/225 Rpt: 39/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Ciminera, Joseph	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Ciminera, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Cisneros, Kevin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Cisneros, Kevin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Cisneros, Kevin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 37/225 Rpt: 40/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Clark, Rajiv **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor: Clark, Rajiv Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor: Clark, Rajiv Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor: Clark, William Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $1.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor: Clark, William Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $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: 38/225 Rpt: 41/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Clark, William Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Clarkson, Diana Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Clarkson, Diana Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Clarkson, Diana Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Cluskey, Francis Austin, TX 78721	$2.50	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 39/225 Rpt: 42/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/10/2025	Cluskey, Francis	$2.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Cluskey, Francis	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Cochnauer, Raymond	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Cochnauer, Raymond	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Cochnauer, Raymond	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 40/225 Rpt: 43/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Cole, Jason **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Cole, Jason Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor / out-of-state PAC (ID#:): Cole, Jason Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor / out-of-state PAC (ID#:): Coleman, James Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $1.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Coleman, James Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $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: 41/225 Rpt: 44/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Coleman, James **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Cooper, Matthew Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Cooper, Matthew Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Cooper, Matthew Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Cornwall, Angela Contributor address; City; State; Zip Code: Austin, TX 78721	$2.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 42/225 Rpt: 45/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Cornwall, Angela	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Cornwall, Angela	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Costantino, John	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Costantino, John	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Costantino, John	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 43/225 Rpt: 46/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Crock, Clairissa Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Crock, Clairissa Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Crock, Clairissa Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Crouch, Jordan Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Crouch, Jordan Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 44/225 Rpt: 47/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Crouch, Jordan Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Crouch, William Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Crouch, William Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Crouch, William Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Cruz Zarate, Hector Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 45/225 Rpt: 48/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Cruz Zarate, Hector Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Cruz Zarate, Hector Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Cuevas, Saul Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Cuevas, Saul Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Cullens, Malik Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 46/225 Rpt: 49/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/10/2025	Cullens, Malik	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Cullens, Malik	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Cummings, Daniel	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Cummings, Daniel	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Cummings, Daniel	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 47/225 Rpt: 50/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Damron, William	$3.27
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Damron, William	$3.27
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Damron, William	$3.27
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Dantas, Felipe	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Dantas, Felipe	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 48/225 Rpt: 51/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Dantas, Felipe Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Davis, Kenneth Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Davis, Kenneth Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Davis, Kenneth Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Davis, Richard Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 49/225 Rpt: 52/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Davis, Richard **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Davis, Richard Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	De La Cruz, Sofia Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	De La Cruz, Sofia Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	De La Cruz, Sofia Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 50/225 Rpt: 53/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	DeLong, Jonathan	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	DeLong, Jonathan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Dean-Masse, Dustin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Dean-Masse, Dustin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Dean-Masse, Dustin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 51/225 Rpt: 54/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Dechow, Lillian Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Dechow, Lillian Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Dechow, Lillian Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Derion, Sarah Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Derion, Sarah Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 52/225 Rpt: 55/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Derion, Sarah Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Dionizio, James Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Dionizio, James Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Dionizio, James Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Donohoe, John Austin, TX 78721	$2.50	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 53/225 Rpt: 56/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Donohoe, John	$2.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Donohoe, John	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Draper, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Draper, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Draper, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 54/225 Rpt: 57/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Duran, Bryan Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Duran, Bryan Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Duran, Bryan Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Durham, David Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Durham, David Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 55/225 Rpt: 58/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Durham, David Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Echevarria, Edgardo Austin, TX 78721	$1.30	Medic	City of Austin
10/10/2025	Echevarria, Edgardo Austin, TX 78721	$1.30	Medic	City of Austin
10/24/2025	Echevarria, Edgardo Austin, TX 78721	$1.30	Medic	City of Austin
09/26/2025	Edmonson, Savanna Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 56/225 Rpt: 59/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Edmonson, Savanna	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Edmonson, Savanna	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Eeten, John	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Eeten, John	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Eeten, John	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 57/225 Rpt: 60/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Efe Aluebhosele, Onome	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Efe Aluebhosele, Onome	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Efe Aluebhosele, Onome	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Eguia, Eduardo	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Eguia, Eduardo	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 58/225 Rpt: 61/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Eguia, Eduardo **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Elbel, Amber Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Elbel, Amber Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Elbel, Amber Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Elizardo, Daniel Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 59/225 Rpt: 62/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Elizardo, Daniel **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Elizardo, Daniel Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Ellis, Rebecca Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Ellis, Rebecca Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Ellis, Rebecca Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 60/225 Rpt: 63/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Emmick, Christopher Austin, TX 78721	$4.00	Medic	City of Austin
10/10/2025	Emmick, Christopher Austin, TX 78721	$4.00	Medic	City of Austin
10/24/2025	Emmick, Christopher Austin, TX 78721	$4.00	Medic	City of Austin
09/26/2025	Engstrom, Justin Austin, TX 78721	$1.50	Medic	City of Austin
10/10/2025	Engstrom, Justin Austin, TX 78721	$1.50	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 61/225 Rpt: 64/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Engstrom, Justin Austin, TX 78721	$1.50	Medic	City of Austin
09/26/2025	Ermentraut, Diana Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Ermentraut, Diana Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Ermentraut, Diana Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Falder, William Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 62/225 Rpt: 65/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Falder, William Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Falder, William Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Ferguson, John Austin, TX 78721	$2.00	Medic	City of Austin
10/10/2025	Ferguson, John Austin, TX 78721	$2.00	Medic	City of Austin
10/24/2025	Ferguson, John Austin, TX 78721	$2.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 63/225 Rpt: 66/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Ferguson, Thomas **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$1.30
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Ferguson, Thomas Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $1.30
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor / out-of-state PAC (ID#:): Ferguson, Thomas Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $1.30
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor / out-of-state PAC (ID#:): Fernandez, Eric Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Fernandez, Eric Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 64/225 Rpt: 67/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Fernandez, Eric	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Figueroa, Joshua	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Figueroa, Joshua	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Figueroa, Joshua	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Finch, Walter	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 65/225 Rpt: 68/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/10/2025	Finch, Walter **6** Contributor address; City; State; Zip Code Austin, TX 78721	$1.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Finch, Walter Contributor address; City; State; Zip Code Austin, TX 78721	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Fitzpatrick, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Fitzpatrick, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Fitzpatrick, Bryan Contributor address; City; State; Zip Code Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 66/225 Rpt: 69/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Flanagan, Rilie	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Flanagan, Rilie	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Flanagan, Rilie	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Flores, Raul	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Flores, Raul	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 67/225 Rpt: 70/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Flores, Raul	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Flores, Robert	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Flores, Robert	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Flores, Robert	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Flores, Tiana	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 68/225 Rpt: 71/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	☐ out-of-state PAC (ID#:_____) Flores, Tiana Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Flores, Tiana Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Fuentes, Timothy Austin, TX 78721	$2.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Fuentes, Timothy Austin, TX 78721	$2.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Fuentes, Timothy Austin, TX 78721	$2.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 69/225 Rpt: 72/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	Gallio, Riane	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Gallio, Riane	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Gallio, Riane	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Galloway, Rose	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Galloway, Rose	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 70/225 Rpt: 73/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Galloway, Rose	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Garcia, Bianca	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Garcia, Bianca	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Garcia, Bianca	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Garcia, Devin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 71/225 Rpt: 74/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Garcia, Devin Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Garcia, Devin Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Gardner, Dale Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Gardner, Dale Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Gardner, Dale Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 72/225 Rpt: 75/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	Garrett, Christina	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Garrett, Christina	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Garrett, Christina	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Gastelum, Aaron	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Gastelum, Aaron	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 73/225 Rpt: 76/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Gastelum, Aaron	$1.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Godinez, Allyson	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Godinez, Allyson	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Godinez, Allyson	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Gold, Mora	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 74/225 Rpt: 77/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Gold, Mora	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Gold, Mora	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Gonzales - Dick, Alyssa	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Gonzales - Dick, Alyssa	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Gonzales - Dick, Alyssa	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 75/225 Rpt: 78/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	Goode, Jonathan	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Goode, Jonathan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Goode, Jonathan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Gordon, Jennifer	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Gordon, Jennifer	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 76/225 Rpt: 79/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/24/2025	Gordon, Jennifer	$1.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Gowe, Kathleen	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Gregson, Jordan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Gregson, Jordan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Gregson, Jordan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 77/225 Rpt: 80/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Griffin, Bradley Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Griffin, Bradley Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Griffin, Bradley Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Griffith, Kimberly Austin, TX 78721	$5.00	Medic	City of Austin
10/10/2025	Griffith, Kimberly Austin, TX 78721	$5.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 78/225 Rpt: 81/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Griffith, Kimberly	$5.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Grijalva, Corey	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Grijalva, Corey	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Grijalva, Corey	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Groenloh, Jodie	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 79/225 Rpt: 82/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Groenloh, Jodie	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Groenloh, Jodie	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Guevara, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Guevara, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Guevara, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 80/225 Rpt: 83/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Hadas, Brian **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$2.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Hadas, Brian Contributor address; City; State; Zip Code: Austin, TX 78721	$2.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Hadas, Brian Contributor address; City; State; Zip Code: Austin, TX 78721	$2.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Hadden, Justin Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Hadden, Justin Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 81/225 Rpt: 84/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Hadden, Justin	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Haggarty, Timothy	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Haggarty, Timothy	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Haggarty, Timothy	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Hair, Nathan	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 82/225 Rpt: 85/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Hair, Nathan **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$2.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Hair, Nathan Contributor address; City; State; Zip Code: Austin, TX 78721	$2.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Hairston, Christopher Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Hairston, Christopher Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Hairston, Christopher Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 83/225 Rpt: 86/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Hanes, Rodney Austin, TX 78721	$5.00	Medic	City of Austin
10/10/2025	Hanes, Rodney Austin, TX 78721	$5.00	Medic	City of Austin
10/24/2025	Hanes, Rodney Austin, TX 78721	$5.00	Medic	City of Austin
09/26/2025	Hanks, Kaden Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Hanks, Kaden Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 84/225 Rpt: 87/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Hanks, Kaden	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Hargrave, Jeffrey	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Hargrave, Jeffrey	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Hargrave, Jeffrey	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Hawthorne, Cole	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 85/225 Rpt: 88/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Hawthorne, Cole Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Hawthorne, Cole Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Hellein, Jacob Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Hellein, Jacob Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Hellein, Jacob Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 86/225 Rpt: 89/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Hernandez, Hugo	$1.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Hernandez, Hugo	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Hernandez, Hugo	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Hernandez Arias, Alejandra	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Hernandez Arias, Alejandra	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 87/225 Rpt: 90/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Hernandez Arias, Alejandra Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Hernandez Garza, Vanessa Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Hernandez Garza, Vanessa Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Hernandez Garza, Vanessa Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Herrera, Caroline Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 88/225 Rpt: 91/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Herrera, Caroline	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Herrera, Caroline	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Hicks, Matthew	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Hicks, Matthew	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Hicks, Matthew	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 89/225 Rpt: 92/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Hindman, Justin Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Hindman, Justin Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Hindman, Justin Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Hindman, Shelby Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Hindman, Shelby Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 90/225 Rpt: 93/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Hindman, Shelby Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Holland, Travis Austin, TX 78721	$2.50	Medic	City of Austin
10/10/2025	Holland, Travis Austin, TX 78721	$2.50	Medic	City of Austin
10/24/2025	Holland, Travis Austin, TX 78721	$2.50	Medic	City of Austin
09/26/2025	Hoppe, Christine Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 91/225 Rpt: 94/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Hoppe, Christine	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Hoppe, Christine	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Howell, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Howell, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Howell, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 92/225 Rpt: 95/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Huitt, Andrew Austin, TX 78721	$10.00	Medic	City of Austin
10/10/2025	Huitt, Andrew Austin, TX 78721	$10.00	Medic	City of Austin
10/24/2025	Huitt, Andrew Austin, TX 78721	$10.00	Medic	City of Austin
09/26/2025	Jackson, Bryan Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Jackson, Bryan Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 93/225 Rpt: 96/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Jackson, Bryan	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Jacobsen, Patrick	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Jacobsen, Patrick	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Jacobsen, Patrick	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Jakubauskas, Eric	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 94/225 Rpt: 97/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/10/2025	Jakubauskas, Eric	$2.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Jakubauskas, Eric	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	James, Jonathan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	James, Jonathan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	James, Jonathan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 95/225 Rpt: 98/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Jensen, David **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Jensen, David Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Jensen, David Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Jimenez, Michael Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Jimenez, Michael Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 96/225 Rpt: 99/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Jimenez, Michael	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Jimenez, Noah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Jimenez, Noah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Jimenez, Noah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Jimenez Unzueta, Marco	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 97/225 Rpt: 100/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Jimenez Unzueta, Marco	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Jimenez Unzueta, Marco	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Jinadasa, Sampath	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Jinadasa, Sampath	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Jinadasa, Sampath	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 98/225 Rpt: 101/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Johns, Edward Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Johns, Edward Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Johns, Edward Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Johnson, Katherine Austin, TX 78721	$0.00	Medic	City of Austin
10/10/2025	Johnson, Katherine Austin, TX 78721	$0.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 99/225 Rpt: 102/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/24/2025	Johnson, Katherine	$0.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Johnson-Franklin, Ashley	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Johnson-Franklin, Ashley	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Johnson-Franklin, Ashley	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Kahlon, Jewanjot	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 100/225 Rpt: 103/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Kahlon, Jewanjot	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Kalinowski, Jonathan	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Kalinowski, Jonathan	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Kalinowski, Jonathan	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Kaminowitz, Robert	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 101/225 Rpt: 104/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Kaminowitz, Robert	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Kaminowitz, Robert	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Kane, Mikel	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Kane, Mikel	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Kane, Mikel	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 102/225 Rpt: 105/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Keef, Sean	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Keef, Sean	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Keef, Sean	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Kendall, Jacob	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Kendall, Jacob	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 103/225 Rpt: 106/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Kendall, Jacob	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Ketelsen, Ian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Ketelsen, Ian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Ketelsen, Ian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Kimble, Alena	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 104/225 Rpt: 107/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Kimble, Alena Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Kimble, Alena Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Kingsbury, Dillon Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Kingsbury, Dillon Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Kingsbury, Dillon Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 105/225 Rpt: 108/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Kirmanidis, Andre Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Kirmanidis, Andre Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Kirmanidis, Andre Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Knauer, Andrew Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Knauer, Andrew Austin, TX 78721	$3.00	Medic	City of Austin

☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 106/225 Rpt: 109/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	☐ out-of-state PAC (ID#:_____) Knauer, Andrew Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Knight, Aaron Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Knight, Aaron Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Knight, Aaron Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Koch, James Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 107/225 Rpt: 110/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Koch, James Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Koch, James Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Koller, Joel Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Koller, Joel Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Koller, Joel Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 108/225 Rpt: 111/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Kownacki, Benjamin Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Kownacki, Benjamin Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Kownacki, Benjamin Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Kraemer, Ashley Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Kraemer, Ashley Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 109/225 Rpt: 112/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Kraemer, Ashley	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Krampitz, Casey	$1.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Krampitz, Casey	$1.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Krampitz, Casey	$1.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Kraus, Stephen	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 110/225 Rpt: 113/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Kraus, Stephen Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Kraus, Stephen Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Krycia, Noah Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Krycia, Noah Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Krycia, Noah Austin, TX 78721	$3.00	Medic	City of Austin

☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 111/225 Rpt: 114/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Kurtze, Benedict	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Kurtze, Benedict	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Kurtze, Benedict	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Lamoureux, Nicholas	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Lamoureux, Nicholas	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 112/225 Rpt: 115/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/24/2025	Lamoureux, Nicholas	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Lancaster, Eric	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Lancaster, Eric	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Lancaster, Eric	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Larriviere, Liam	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 113/225 Rpt: 116/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Larriviere, Liam	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Larriviere, Liam	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	LeFan, Rebecca	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	LeFan, Rebecca	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	LeFan, Rebecca	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 114/225 Rpt: 117/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Leib, Benjamin **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Leib, Benjamin Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Leib, Benjamin Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Leibin, Michael Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Leibin, Michael Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 115/225 Rpt: 118/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Leibin, Michael	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Lesley, Brian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Lesley, Brian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Lesley, Brian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Lester, Christopher	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 116/225 Rpt: 119/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Lester, Christopher	$1.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Lester, Christopher	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Leyva, Andrew	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Leyva, Andrew	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Leyva, Andrew	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 117/225 Rpt: 120/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Li, Chenhao Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Li, Chenhao Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Li, Chenhao Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Lidster, Matthew Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Lidster, Matthew Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 118/225 Rpt: 121/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Lidster, Matthew Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Lindsay, Ross Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Lindsay, Ross Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Lindsay, Ross Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Lines, Bradley Austin, TX 78721	$4.50	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 119/225 Rpt: 122/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/10/2025	Lines, Bradley	$4.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Lines, Bradley	$4.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Lopez, Cindy	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Lopez, Cindy	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Lopez, Cindy	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 120/225 Rpt: 123/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Lopez, Lindsay	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Lopez, Lindsay	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Lopez, Lindsay	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Lopez, Ramon	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Lopez, Ramon	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 121/225 Rpt: 124/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Lopez, Ramon	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Lydon, Cassandra	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Lydon, Cassandra	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Lydon, Cassandra	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Malgieri, Anthony	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 122/225 Rpt: 125/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Malgieri, Anthony	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Malgieri, Anthony	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Mallon, Paul	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Mallon, Paul	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Mallon, Paul	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 123/225 Rpt: 126/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Malone, Jordan	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Malone, Jordan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Malone, Jordan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Mancias, Vivian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Mancias, Vivian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 124/225 Rpt: 127/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Mancias, Vivian Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Martin, Denise Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Martin, Denise Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Martin, Denise Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Martin, Emily Austin, TX 78721	$5.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 125/225 Rpt: 128/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/10/2025	Martin, Emily	$5.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Martin, Emily	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Martin, Noah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Martin, Noah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Martin, Noah	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 126/225 Rpt: 129/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Martinez, Henry	$1.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Martinez, Henry	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Martinez, Henry	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Mason, Bryan	$4.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Mason, Bryan	$4.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 127/225 Rpt: 130/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Mason, Bryan **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$4.50

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Maxwell, Aaron Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Maxwell, Aaron Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Maxwell, Aaron Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	May, Meghan Contributor address; City; State; Zip Code: Austin, TX 78721	$1.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 128/225 Rpt: 131/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	May, Meghan **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$1.27

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	May, Meghan Contributor address; City; State; Zip Code: Austin, TX 78721	$1.27

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	McClelland, Sterling Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	McClelland, Sterling Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	McClelland, Sterling Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 129/225 Rpt: 132/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	McDaniel, Michael	$9.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	McDaniel, Michael	$9.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	McDaniel, Michael	$9.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	McGarry, Kenneth	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	McGarry, Kenneth	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 130/225 Rpt: 133/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	McGarry, Kenneth	$2.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	McGuigan, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	McGuigan, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	McGuigan, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	McIntire, Morgan	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 131/225 Rpt: 134/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	McIntire, Morgan	$1.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	McIntire, Morgan	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	McLaughlin, Kathleen	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	McLaughlin, Kathleen	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	McLaughlin, Kathleen	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 132/225 Rpt: 135/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Mead, Catrina **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Mead, Catrina Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Mead, Catrina Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Medina, Jonathan Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Medina, Jonathan Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 133/225 Rpt: 136/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Medina, Jonathan	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Megally, Maureen	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Megally, Maureen	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Megally, Maureen	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Mestaz, Thomas	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 134/225 Rpt: 137/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Mestaz, Thomas	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Mestaz, Thomas	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Metzger, Austin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Metzger, Austin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Metzger, Austin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 135/225 Rpt: 138/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Meyer, Brett **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Meyer, Brett Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Meyer, Brett Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Michaelson, Rebecca Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Michaelson, Rebecca Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 136/225 Rpt: 139/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Michaelson, Rebecca Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Miller, Matthew Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Miller, Matthew Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Miller, Matthew Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Mireles, Guadalupe Austin, TX 78721	$5.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 137/225 Rpt: 140/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Mireles, Guadalupe **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Mireles, Guadalupe Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Mockler, John Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Mockler, John Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Mockler, John Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 138/225 Rpt: 141/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Molinelli, Nicholas Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Molinelli, Nicholas Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Molinelli, Nicholas Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Monson, Nancy Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Monson, Nancy Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 139/225 Rpt: 142/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Monson, Nancy Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Montes, Angelica Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Montes, Angelica Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Montes, Angelica Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Moore, Alexander Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 140/225 Rpt: 143/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Moore, Alexander Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Moore, Alexander Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Moore, Garrett Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Moore, Garrett Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Moore, Garrett Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 141/225 Rpt: 144/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Morris, Kyle **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Morris, Kyle Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Morris, Kyle Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Morrison, Timothy Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Morrison, Timothy Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 142/225 Rpt: 145/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Morrison, Timothy Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Morton, Rebecca Austin, TX 78721	$2.00	Medic	City of Austin
10/10/2025	Morton, Rebecca Austin, TX 78721	$2.00	Medic	City of Austin
10/24/2025	Morton, Rebecca Austin, TX 78721	$2.00	Medic	City of Austin
09/26/2025	Muniz, Brian Austin, TX 78721	$2.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 143/225 Rpt: 146/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Muniz, Brian	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Muniz, Brian	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Murry, Richard	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Murry, Richard	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Murry, Richard	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 144/225 Rpt: 147/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Nance, Megan Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Nance, Megan Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Nance, Megan Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Negron, Luis Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Negron, Luis Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 145/225 Rpt: 148/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Negron, Luis	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Nelson, William	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Nelson, William	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Nelson, William	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Niemann, Bradley	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 146/225 Rpt: 149/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Niemann, Bradley Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Niemann, Bradley Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Niswender, Kellie Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Niswender, Kellie Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Niswender, Kellie Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 147/225 Rpt: 150/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Noak, Darren **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$2.50

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Noak, Darren Contributor address; City; State; Zip Code: Austin, TX 78721	$2.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Noak, Darren Contributor address; City; State; Zip Code: Austin, TX 78721	$2.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Noble, Keith Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Noble, Keith Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 148/225 Rpt: 151/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Noble, Keith	$5.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Noftle, Rachel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Noftle, Rachel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Noftle, Rachel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Olivarez, Dominique	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 149/225 Rpt: 152/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Olivarez, Dominique	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Olivarez, Dominique	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Orr, John	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Orr, John	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Orr, John	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 150/225 Rpt: 153/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Orr, Valeria **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor: Orr, Valeria Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor: Orr, Valeria Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor: Owens, Ashley Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor: Owens, Ashley Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 151/225 Rpt: 154/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Owens, Ashley **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Pailes, Kenneth Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Pailes, Kenneth Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Pailes, Kenneth Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Palmer, Jacob Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 152/225 Rpt: 155/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Palmer, Jacob	$5.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Palmer, Jacob	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Parker, Christine	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Parker, Christine	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Parker, Christine	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 153/225 Rpt: 156/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Patterson, Roger **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$4.50
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Patterson, Roger Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $4.50
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor / out-of-state PAC (ID#:): Patterson, Roger Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $4.50
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor / out-of-state PAC (ID#:): Penner, Andre Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Penner, Andre Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 154/225 Rpt: 157/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Penner, Andre Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Perry, Sean Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Perry, Sean Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Perry, Sean Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Phillips, Heather Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 155/225 Rpt: 158/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Phillips, Heather Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Phillips, Heather Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Phillips, Kyle Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Phillips, Kyle Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Phillips, Kyle Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 156/225 Rpt: 159/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Pimentel, Juan Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Pimentel, Juan Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Pimentel, Juan Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Pittman, Katie Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Pittman, Katie Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 157/225 Rpt: 160/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Pittman, Katie Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Pizzonia, Alexander Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Pizzonia, Alexander Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Pizzonia, Alexander Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Plewacki, Thomas Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 158/225 Rpt: 161/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Plewacki, Thomas	$1.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Plewacki, Thomas	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Posada, Gabriel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Posada, Gabriel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Posada, Gabriel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 159/225 Rpt: 162/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Poss, Lauren	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Poss, Lauren	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Poss, Lauren	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Powell-Evans, Simon	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Powell-Evans, Simon	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 160/225 Rpt: 163/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Powell-Evans, Simon	$5.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Powers, Kristy	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Powers, Kristy	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Powers, Kristy	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Price, Amber	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 161/225 Rpt: 164/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Price, Amber	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Price, Amber	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Pruiett, Cayden	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Pruiett, Cayden	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Pruiett, Cayden	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 162/225 Rpt: 165/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Puckett, James	$2.30
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Puckett, James	$2.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Puckett, James	$2.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Pursley, Shaun	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Pursley, Shaun	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 163/225 Rpt: 166/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Pursley, Shaun	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Quiroz Mendez, Jesus	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Quiroz Mendez, Jesus	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Quiroz Mendez, Jesus	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Radcliffe, James	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 164/225 Rpt: 167/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Radcliffe, James **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Radcliffe, James Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rafferty, Zachary Contributor address; City; State; Zip Code: Austin, TX 78721	$13.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Rafferty, Zachary Contributor address; City; State; Zip Code: Austin, TX 78721	$13.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rafferty, Zachary Contributor address; City; State; Zip Code: Austin, TX 78721	$13.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 165/225 Rpt: 168/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Ramos, Duane Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Ramos, Duane Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Ramos, Duane Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Rasmussen, Nathan Austin, TX 78721	$9.50	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Rasmussen, Nathan Austin, TX 78721	$9.50	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 166/225 Rpt: 169/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Rasmussen, Nathan	$9.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rasmussen, Rebecca	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Rasmussen, Rebecca	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rasmussen, Rebecca	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rattan, MaKena	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 167/225 Rpt: 170/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Rattan, MaKena	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rattan, MaKena	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rawn, Madison	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Rawn, Madison	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rawn, Madison	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 168/225 Rpt: 171/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Reader, Robert **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Reader, Robert Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Reader, Robert Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Redd, Kevin Contributor address; City; State; Zip Code: Austin, TX 78721	$1.30

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Redd, Kevin Contributor address; City; State; Zip Code: Austin, TX 78721	$1.30

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 169/225 Rpt: 172/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Redd, Kevin	$1.30
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Regier, Natalie	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Regier, Natalie	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Regier, Natalie	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Reid, Aidan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 170/225 Rpt: 173/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Reid, Aidan	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Reid, Aidan	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Reilly, Susanna	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Reilly, Susanna	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Reilly, Susanna	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 171/225 Rpt: 174/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Remus, Hannah Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Remus, Hannah Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Remus, Hannah Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Reyes, Christopher Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Reyes, Christopher Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 172/225 Rpt: 175/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Reyes, Christopher	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rice, Larry	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Rice, Larry	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rice, Larry	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Richter, Lauren	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 173/225 Rpt: 176/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Richter, Lauren	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Richter, Lauren	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Risinger, Russell	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Risinger, Russell	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Risinger, Russell	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 174/225 Rpt: 177/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Ristine, William Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Ristine, William Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Ristine, William Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Rivera, Nathaniel Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Rivera, Nathaniel Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 175/225 Rpt: 178/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Rivera, Nathaniel	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Robbins, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Robbins, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Robbins, Joseph	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rocha, Andrea	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 176/225 Rpt: 179/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Rocha, Andrea	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rocha, Andrea	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rodgers, Jared	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Rodgers, Jared	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rodgers, Jared	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 177/225 Rpt: 180/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Rodriguez, Andrew Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Rodriguez, Andrew Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Rodriguez, Andrew Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Rodriguez, Giovanni Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Rodriguez, Giovanni Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 178/225 Rpt: 181/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Rodriguez, Giovanni	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Roe, Lillian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Roe, Lillian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Roe, Lillian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rogers, Darren	$1.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 179/225 Rpt: 182/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Rogers, Darren	$1.30
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rogers, Darren	$1.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rogers, Wesley	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Rogers, Wesley	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Rogers, Wesley	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 180/225 Rpt: 183/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Romo, Jodeci	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Romo, Jodeci	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Romo, Jodeci	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Rose, Donald	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Rose, Donald	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 181/225 Rpt: 184/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Rose, Donald Austin, TX 78721	$2.50	Medic	City of Austin
09/26/2025	Rutledge, Lindsey Austin, TX 78721	$2.50	Medic	City of Austin
10/10/2025	Rutledge, Lindsey Austin, TX 78721	$2.50	Medic	City of Austin
10/24/2025	Rutledge, Lindsey Austin, TX 78721	$2.50	Medic	City of Austin
09/26/2025	Ryan, Trevor Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 182/225 Rpt: 185/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Ryan, Trevor	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Ryan, Trevor	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Salmeron, Alejandro	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Salmeron, Alejandro	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Salmeron, Alejandro	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 183/225 Rpt: 186/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Sandoval Ruano, Edward	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Sandoval Ruano, Edward	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Sandoval Ruano, Edward	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Santiago, Sabrina	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Santiago, Sabrina	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 184/225 Rpt: 187/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Santiago, Sabrina	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Scaglione, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Scaglione, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Scaglione, Daniel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Scamman, Alexis	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 185/225 Rpt: 188/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Scamman, Alexis	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Scamman, Alexis	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Schulz, Douglas	$1.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Schulz, Douglas	$1.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Schulz, Douglas	$1.30
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 186/225 Rpt: 189/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Scott, Austin	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Scott, Austin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Scott, Austin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Sedillo, Gabriel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Sedillo, Gabriel	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 187/225 Rpt: 190/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Sedillo, Gabriel	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Sircher, Christopher	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Sircher, Christopher	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Sircher, Christopher	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Sklar, Estelle	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 188/225 Rpt: 191/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/10/2025	Sklar, Estelle	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Sklar, Estelle	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Slattery, Christian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Slattery, Christian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Slattery, Christian	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 189/225 Rpt: 192/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	Sletten, Spencer	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Sletten, Spencer	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Sletten, Spencer	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Smith, Anthony	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Smith, Anthony	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 190/225 Rpt: 193/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Smith, Anthony	$2.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Smith, Ashlyn	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Smith, Ashlyn	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Smith, Ashlyn	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Stedman, Christina	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 191/225 Rpt: 194/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Stedman, Christina	$5.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Stedman, Christina	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Stephens, Eric	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Stephens, Eric	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Stephens, Eric	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 192/225 Rpt: 195/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Stevens, Mitchell	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Stevens, Mitchell	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Stevens, Mitchell	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Stewart, Jackson	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Stewart, Jackson	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 193/225 Rpt: 196/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Stewart, Jackson Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Stowe, Richard Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Stowe, Richard Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Stowe, Richard Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Stubbs, Brian Austin, TX 78721	$2.50	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 194/225 Rpt: 197/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Stubbs, Brian	$2.50
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Stubbs, Brian	$2.50
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Swift, Patrick	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Swift, Patrick	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Swift, Patrick	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 195/225 Rpt: 198/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Tait, Grant Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Tait, Grant Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Tait, Grant Austin, TX 78721	$1.00	Medic	City of Austin
09/26/2025	Tarrillion, Matthew Austin, TX 78721	$5.00	Medic	City of Austin
10/10/2025	Tarrillion, Matthew Austin, TX 78721	$5.00	Medic	City of Austin

☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 196/225 Rpt: 199/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	☐ out-of-state PAC (ID#:_____) Tarrillion, Matthew Austin, TX 78721	$5.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Tekamp, Austin Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Tekamp, Austin Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Tekamp, Austin Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Thomas, Jonathan Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 197/225 Rpt: 200/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Thomas, Jonathan Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Thomas, Jonathan Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Thompson, Garner Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Thompson, Garner Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Thompson, Garner Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 198/225 Rpt: 201/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Thornton, Nichole	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Thornton, Nichole	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Thornton, Nichole	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Todd, Joshua	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Todd, Joshua	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 199/225 Rpt: 202/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Todd, Joshua Austin, TX 78721	$10.00	Medic	City of Austin
09/26/2025	Tompkins, Hannah Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Tompkins, Hannah Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Tompkins, Hannah Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Toole, Garrett Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 200/225 Rpt: 203/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Toole, Garrett	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Toole, Garrett	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Toole, Kaytlyn	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Toole, Kaytlyn	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Toole, Kaytlyn	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 201/225 Rpt: 204/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Torres, Gil	$5.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Torres, Gil	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Torres, Gil	$5.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Torrez, Ernest	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Torrez, Ernest	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 202/225 Rpt: 205/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Torrez, Ernest **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Tran, Si Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Tran, Si Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Tran, Si Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Traxel, Joshua Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 203/225 Rpt: 206/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Traxel, Joshua Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Traxel, Joshua Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Trojanowski, Mark Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Trojanowski, Mark Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Trojanowski, Mark Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 204/225 Rpt: 207/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Trujillo, Hope Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Trujillo, Hope Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Trujillo, Hope Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Unseld, Jacob Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Unseld, Jacob Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 205/225 Rpt: 208/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Unseld, Jacob **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Van Treese, Taylor Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Van Treese, Taylor Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Van Treese, Taylor Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Vargas, Eric Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 206/225 Rpt: 209/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Vargas, Eric	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Vargas, Eric	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Veasna, Renayuddh	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Veasna, Renayuddh	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Veasna, Renayuddh	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 207/225 Rpt: 210/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Vega, Aldo	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Vega, Aldo	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Vega, Aldo	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Villalobos, Ana	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Villalobos, Ana	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 208/225 Rpt: 211/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Villalobos, Ana Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Voelker, Jaime Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Voelker, Jaime Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Voelker, Jaime Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Wadham, Gary Austin, TX 78721	$5.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 209/225 Rpt: 212/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Wadham, Gary **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Wadham, Gary Contributor address; City; State; Zip Code: Austin, TX 78721	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Walker, Ira Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Walker, Ira Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Walker, Ira Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 210/225 Rpt: 213/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Ward, Christopher Austin, TX 78721	$2.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Ward, Christopher Austin, TX 78721	$2.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Ward, Christopher Austin, TX 78721	$2.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Warren, William Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Warren, William Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 211/225 Rpt: 214/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	Warren, William Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Way, Alexander Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	Way, Alexander Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Way, Alexander Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Weber, Wyatt Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 212/225 Rpt: 215/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Weber, Wyatt	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Weber, Wyatt	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Weil, Skyler	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Weil, Skyler	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Weil, Skyler	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 213/225 Rpt: 216/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Weldon, Tyler Austin, TX 78721	$2.50	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Weldon, Tyler Austin, TX 78721	$2.50	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Weldon, Tyler Austin, TX 78721	$2.50	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Welkley, Justin Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Welkley, Justin Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 214/225 Rpt: 217/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Welkley, Justin	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Wesen, Hunter	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Wesen, Hunter	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Wesen, Hunter	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Westby, Andrew	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 215/225 Rpt: 218/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Westby, Andrew	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Westby, Andrew	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Wetmore, Kendra	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Wetmore, Kendra	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Wetmore, Kendra	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 216/225 Rpt: 219/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Wetzel, Samuel **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
10/10/2025	Wetzel, Samuel Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
10/24/2025	Wetzel, Samuel Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
09/26/2025	White, Anna Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
10/10/2025	White, Anna Contributor address; City; State; Zip Code: Austin, TX 78721	$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: 217/225 Rpt: 220/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	White, Anna	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	White, Stephen	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	White, Stephen	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	White, Stephen	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Whitman, Erin	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 218/225 Rpt: 221/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/10/2025	Whitman, Erin Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	Whitman, Erin Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	Wiggin, Stuart Austin, TX 78721	$1.00	Medic	City of Austin
10/10/2025	Wiggin, Stuart Austin, TX 78721	$1.00	Medic	City of Austin
10/24/2025	Wiggin, Stuart Austin, TX 78721	$1.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 219/225 Rpt: 222/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Wilkinson, David **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Wilkinson, David Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/24/2025	Full name of contributor / out-of-state PAC (ID#:): Wilkinson, David Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $3.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 09/26/2025	Full name of contributor / out-of-state PAC (ID#:): Williams, Dennis Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $5.00
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	
Date: 10/10/2025	Full name of contributor / out-of-state PAC (ID#:): Williams, Dennis Contributor address; City; State; Zip Code: Austin, TX 78721	Amount of Contribution ($): $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: 220/225 Rpt: 223/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/24/2025	☐ out-of-state PAC (ID#:_____) Williams, Dennis Austin, TX 78721	$5.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Williams, Kaleb Austin, TX 78721	$3.00	Medic	City of Austin
10/10/2025	☐ out-of-state PAC (ID#:_____) Williams, Kaleb Austin, TX 78721	$3.00	Medic	City of Austin
10/24/2025	☐ out-of-state PAC (ID#:_____) Williams, Kaleb Austin, TX 78721	$3.00	Medic	City of Austin
09/26/2025	☐ out-of-state PAC (ID#:_____) Wilson, Sydney Austin, TX 78721	$3.00	Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 221/225 Rpt: 224/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Wilson, Sydney	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Winters, John	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Winters, John	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Winters, John	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Wolber, Bailey	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 222/225 Rpt: 225/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/10/2025	Wolber, Bailey	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Wolber, Bailey	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Wright, Courtney	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Wright, Courtney	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Wright, Courtney	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 223/225 Rpt: 226/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/26/2025	Wyche, Tyson	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	
8 Principal occupation / Job title (See Instructions): Medic	**9** Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Wyche, Tyson	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Wyche, Tyson	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Xie, Selena	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
Principal occupation / Job title (See Instructions): Medic	Employer (See Instructions): City of Austin	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Xie, Selena	$3.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	
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: 224/225 Rpt: 227/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Xie, Selena	$3.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78721	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Yarbrough, James	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Yarbrough, James	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Yarbrough, James	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Yasui, Benjamin	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78721	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 225/225 Rpt: 228/231

2 FILER NAME: Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers): 00053202

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/10/2025	Yasui, Benjamin **6** Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Yasui, Benjamin Contributor address; City; State; Zip Code: Austin, TX 78721	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	deOliveira, Courtney Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	deOliveira, Courtney Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	deOliveira, Courtney Contributor address; City; State; Zip Code: Austin, TX 78721	$3.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medic	City of Austin

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 229/231

2 FILER NAME
Austin Travis County Emergency Medical Services Employee PAC

3 Filer ID (Ethics Commission Filers)
00053202

4 TOTAL OF UNITEMIZED LOANS — **$** 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ None

15 Check if personal funds were deposited into political account (See Instructions) ☐

16 GUARANTOR INFORMATION
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation

21 Employer (See Instructions)

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 230/231	Austin Travis County Emergency Medical Services	00053202

4 Date: 09/26/2025
5 Payee name: City of Austin - EMS
6 Amount ($): $37.60
☐ Expenditure from corporate funds
7 Payee address; City; State; Zip Code: 15 Waller Street, Austin, TX 78702

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Fees
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Payroll deduction fee

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 10/10/2025
Payee name: City of Austin - EMS
Amount ($): $37.60
☐ Expenditure from corporate funds
Payee address; City; State; Zip Code: 15 Waller Street, Austin, TX 78702

PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Fees
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Payroll deduction fee

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 10/24/2025
Payee name: City of Austin - EMS
Amount ($): $37.30
☐ Expenditure from corporate funds
Payee address; City; State; Zip Code: 15 Waller Street, Austin, TX 78702

PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Fees
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Payroll deduction fee

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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: 2/2 Rpt: 231/231	**2** FILER NAME Austin Travis County Emergency Medical Services	**3** Filer ID (Ethics Commission Filers) 00053202
4 Date 09/29/2025	**5** Payee name Love Austin PAC	
6 Amount ($) $25,000.00 ☐ Expenditure from corporate funds	**7** Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703	
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 Contribution to Love Austin PAC in support of Prop Q
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held