



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Austin Travis County Emergency Medical Services Employee PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00053202
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,191.36
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 574.20
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 76,934.10
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Mr. Jonathan Kalinowski  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 154

<b>17 COMMITTEE NAME</b> Austin Travis County Emergency Medical Services Employee PAC		<b>18 Filer ID</b> 00053202	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,191.36
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	574.20
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/149 Rpt: 4/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abdelhadi, Leila <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abdelhadi, Leila <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abernathy, Kayla <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abernathy, Kayla <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adcock, Brandon <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/149 Rpt: 5/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adcock, Brandon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Ricardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Ricardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albear, Oscar <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albear, Oscar <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/149 Rpt: 6/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Janel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Janel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almaguer, Luis <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almaguer, Luis <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almodovar, Alejandra <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/149 Rpt: 7/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almodovar, Alejandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$5.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anthon, McKenna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anthon, McKenna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/149 Rpt: 8/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armas, David	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armas, David	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armstrong, Charles	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armstrong, Charles	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arocha-Guerra, Val	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/149 Rpt: 9/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arocha-Guerra, Val <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aubin, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$0.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aubin, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$0.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aune, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aune, Joseph <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/149 Rpt: 10/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avila, America <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avila, America <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azelson, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azelson, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azuara Mendez, Elvia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/149 Rpt: 11/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azulara Mendez, Elvia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.27
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Charles <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Charles <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, James <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/149 Rpt: 12/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Amanda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/149 Rpt: 13/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Coty <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Coty <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Travis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Travis <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/149 Rpt: 14/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balboa, Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balboa, Adam <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barch-Chandler, Travis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barch-Chandler, Travis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnhart, Jennifer <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/149 Rpt: 15/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnhart, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Jory <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Jory <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernal, Erica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernal, Erica <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/149 Rpt: 16/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blais, Braden <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blais, Braden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blume, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blume, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bockewitz, William <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/149 Rpt: 17/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bockewitz, William	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostrom, Shanna	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostrom, Shanna	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braunstein, Spencer	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braunstein, Spencer	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/149 Rpt: 18/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazelton, Reese	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazelton, Reese	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brindley, Jordan	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brindley, Jordan	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broadbent, Kolby	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/149 Rpt: 19/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broadbent, Kolby	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Camille	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Camille	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Christopher	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Christopher	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/149 Rpt: 20/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Johnathan	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Johnathan	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brunson, Savannah	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brunson, Savannah	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bumpus, Ross	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/149 Rpt: 21/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bumpus, Ross	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgoyne, James	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgoyne, James	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bynum, Gillian	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bynum, Gillian	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/149 Rpt: 22/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cabrera, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cabrera, Ryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calderon, Audrey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$0.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/149 Rpt: 23/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calderon, Audrey	<b>7</b> Amount of Contribution (\$)  \$0.27
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantonis, Carl	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantonis, Carl	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Micah	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Micah	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/149 Rpt: 24/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Emma <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Emma <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavarretta, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavarretta, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celani, Anthony <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/149 Rpt: 25/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celani, Anthony	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cendejas, Jacqueline	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cendejas, Jacqueline	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charboneau, Christian	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charboneau, Christian	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/149 Rpt: 26/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Erin	<b>7</b> Amount of Contribution (\$)  \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Erin	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chhabra, Ranjit	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chhabra, Ranjit	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciminera, Joseph	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/149 Rpt: 27/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciminera, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cisneros, Kevin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cisneros, Kevin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Rajiv <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Rajiv <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/149 Rpt: 28/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, William	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, William	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clarkson, Diana	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clarkson, Diana	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cluskey, Francis	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/149 Rpt: 29/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cluskey, Francis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Jason <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Jason <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, James <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, James <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/149 Rpt: 30/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costantino, John <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/149 Rpt: 31/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costantino, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crock, Clairissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crock, Clairissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, Jordan <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, Jordan <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/149 Rpt: 32/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, William	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, William	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz Zarate, Hector	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz Zarate, Hector	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cuevas, Saul	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/149 Rpt: 33/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cuevas, Saul	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cullens, Malik	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cullens, Malik	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cummings, Daniel	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cummings, Daniel	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/149 Rpt: 34/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Damron, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.27
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Damron, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.27
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dantas, Felipe <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dantas, Felipe <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Kenneth <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/149 Rpt: 35/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Cruz, Sofia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Cruz, Sofia <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/149 Rpt: 36/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dean-Masse, Dustin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dean-Masse, Dustin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dechow, Lillian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dechow, Lillian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derion, Sarah <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/149 Rpt: 37/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derion, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dionizio, James <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dionizio, James <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donohoe, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donohoe, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/149 Rpt: 38/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draper, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draper, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Durham, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/149 Rpt: 39/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Durham, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.30</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echevarria, Edgardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.30</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edmonson, Savanna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edmonson, Savanna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/149 Rpt: 40/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eeten, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eeten, John <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Efe Aluebhosele, Onome <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Efe Aluebhosele, Onome <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguia, Eduardo <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/149 Rpt: 41/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguia, Eduardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elbel, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elbel, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizardo, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizardo, Daniel <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/149 Rpt: 42/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Rebecca <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$1.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/149 Rpt: 43/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engstrom, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ermentraut, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ermentraut, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Falder, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Falder, William <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/149 Rpt: 44/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Thomas <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Thomas <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Eric <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/149 Rpt: 45/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Eric	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Figueroa, Joshua	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Figueroa, Joshua	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finch, Walter	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finch, Walter	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/149 Rpt: 46/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fitzpatrick, Bryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fitzpatrick, Bryan <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Rilie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Raul <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/149 Rpt: 47/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Raul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Tiana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Tiana <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/149 Rpt: 48/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallio, Riane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallio, Riane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galloway, Rose <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/149 Rpt: 49/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galloway, Rose <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Devin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Devin <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/149 Rpt: 50/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Dale <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Dale <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garrett, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garrett, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gastelum, Aaron <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/149 Rpt: 51/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gastelum, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Godinez, Allyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Godinez, Allyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gold, Mora <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gold, Mora <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/149 Rpt: 52/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales - Dick, Alyssa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales - Dick, Alyssa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goode, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goode, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Jennifer <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/149 Rpt: 53/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregson, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregson, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, Bradley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, Bradley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/149 Rpt: 54/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffith, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffith, Kimberly <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groenloh, Jodie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groenloh, Jodie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guevara, Daniel <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/149 Rpt: 55/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guevara, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadas, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadas, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadden, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadden, Justin <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/149 Rpt: 56/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haggarty, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Nathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Nathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hairston, Christopher <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/149 Rpt: 57/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hairston, Christopher	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$1.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanes, Rodney	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanes, Rodney	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kaden	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kaden	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/149 Rpt: 58/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hargrave, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawthorne, Cole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawthorne, Cole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heil, Anastasia <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/149 Rpt: 59/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heil, Anastasia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hellein, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hellein, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Hugo <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Hugo <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/149 Rpt: 60/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Arias, Alejandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Arias, Alejandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Garza, Vanessa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Garza, Vanessa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Caroline <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$0.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/149 Rpt: 61/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Caroline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Matthew <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Matthew <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Justin <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Justin <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/149 Rpt: 62/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Shelby <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Shelby <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$1.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Travis <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$2.50</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Travis <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$2.50</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Joseph <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/149 Rpt: 63/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Joseph	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huitt, Andrew	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huitt, Andrew	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Bryan	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Bryan	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/149 Rpt: 64/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobsen, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobsen, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Jonathan <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/149 Rpt: 65/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenke, Emil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenke, Emil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jensen, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jensen, David <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/149 Rpt: 66/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez, Noah	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez, Noah	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez Unzueta, Marco	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez Unzueta, Marco	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jinadasa, Sampath	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/149 Rpt: 67/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jinadasa, Sampath <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johns, Edward <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johns, Edward <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Katherine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$0.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Katherine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$0.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/149 Rpt: 68/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson-Franklin, Ashley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson-Franklin, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalinowski, Jonathan <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalinowski, Jonathan <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaminowitz, Robert <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/149 Rpt: 69/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaminowitz, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kane, Mikel <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kane, Mikel <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendall, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendall, Jacob <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/149 Rpt: 70/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ketelsen, Ian	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ketelsen, Ian	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimble, Alena	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimble, Alena	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kingsbury, Dillon	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/149 Rpt: 71/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kingsbury, Dillon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knauer, Andrew <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/149 Rpt: 72/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koch, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koch, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koller, Joel <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/149 Rpt: 73/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koller, Joel	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kownacki, Benjamin	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kownacki, Benjamin	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraemer, Ashley	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraemer, Ashley	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/149 Rpt: 74/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krampitz, Casey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.30
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krampitz, Casey <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraus, Stephen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraus, Stephen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krycia, Noah <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/149 Rpt: 75/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krycia, Noah	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurtze, Benedict	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurtze, Benedict	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamoureux, Nicholas	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamoureux, Nicholas	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/149 Rpt: 76/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lancaster, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lancaster, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larriviere, Liam <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larriviere, Liam <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/149 Rpt: 77/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LeFan, Rebecca <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leib, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leib, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leibin, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leibin, Michael <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/149 Rpt: 78/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lesley, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lesley, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Christopher <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Christopher <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leyva, Andrew <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/149 Rpt: 79/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leyva, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, Chenhao <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, Chenhao <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lidster, Matthew <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lidster, Matthew <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/149 Rpt: 80/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindsay, Ross <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindsay, Ross <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lines, Bradley <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lines, Bradley <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cindy <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/149 Rpt: 81/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cindy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Ramon <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/149 Rpt: 82/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lydon, Cassandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lydon, Cassandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mallon, Paul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/149 Rpt: 83/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mallon, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malone, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malone, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mancias, Vivian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mancias, Vivian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/149 Rpt: 84/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Denise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Denise <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Emily <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Emily <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Noah <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/149 Rpt: 85/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Noah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Henry <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Henry <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Bryan <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 83/149 Rpt: 86/154
2 FILER NAME Austin Travis County Emergency Medical Services Employee PAC		3 Filer ID (Ethics Commission Filers) 00053202
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matos, Nadia	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78721	
8 Principal occupation / Job title (See Instructions) Medic		9 Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matos, Nadia	Amount of Contribution (\$) \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maxwell, Aaron	Amount of Contribution (\$) \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maxwell, Aaron	Amount of Contribution (\$) \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Meghan	Amount of Contribution (\$) \$1.27
	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/149 Rpt: 87/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Meghan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.27
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/149 Rpt: 88/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGarry, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGarry, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuigan, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuigan, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntire, Morgan <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/149 Rpt: 89/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntire, Morgan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mead, Catrina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mead, Catrina <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/149 Rpt: 90/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Megally, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Megally, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mestaz, Thomas <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/149 Rpt: 91/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mestaz, Thomas	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Brett	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Brett	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Michaelson, Rebecca	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Michaelson, Rebecca	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/149 Rpt: 92/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mireles, Guadalupe <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mireles, Guadalupe <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mockler, John <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/149 Rpt: 93/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mockler, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molinelli, Nicholas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molinelli, Nicholas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monson, Nancy <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monson, Nancy <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/149 Rpt: 94/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Angelica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Angelica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Garrett <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/149 Rpt: 95/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Garrett <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrison, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrison, Timothy <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/149 Rpt: 96/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Rebecca	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Rebecca	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mudge, Jack	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mudge, Jack	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muniz, Brian	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/149 Rpt: 97/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muniz, Brian	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murry, Richard	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murry, Richard	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nance, Megan	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nance, Megan	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/149 Rpt: 98/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Negron, Luis	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Negron, Luis	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, William	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, William	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niemann, Bradley	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/149 Rpt: 99/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niemann, Bradley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niswender, Kellie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niswender, Kellie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noak, Darren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noak, Darren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/149 Rpt: 100/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Keith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Keith <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivarez, Dominique <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/149 Rpt: 101/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivarez, Dominique <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliver, Kody <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliver, Kody <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, John <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/149 Rpt: 102/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Valeria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Valeria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owens, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owens, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pailes, Kenneth <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/149 Rpt: 103/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pailes, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Jacob <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Jacob <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Christine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Christine <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/149 Rpt: 104/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Roger <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$4.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Roger <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$4.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penner, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penner, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Sean <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/149 Rpt: 105/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Sean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Heather <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Heather <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Kyle <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/149 Rpt: 106/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pimentel, Juan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pimentel, Juan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pittman, Katie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pittman, Katie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plewacki, Thomas <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/149 Rpt: 107/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plewacki, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Posada, Gabriel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Posada, Gabriel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poss, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poss, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/149 Rpt: 108/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell-Evans, Simon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell-Evans, Simon <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powers, Kristy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powers, Kristy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/149 Rpt: 109/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Amber <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pruiett, Cayden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puckett, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puckett, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/149 Rpt: 110/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pursley, Shaun <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Radcliffe, James <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/149 Rpt: 111/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Radcliffe, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$13.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$13.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Duane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Duane <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/149 Rpt: 112/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Nathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$9.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rattan, MaKena <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/149 Rpt: 113/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rattan, MaKena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawn, Madison <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawn, Madison <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reader, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reader, Robert <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/149 Rpt: 114/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redd, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$1.30
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redd, Kevin <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Regier, Natalie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Regier, Natalie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reid, Aidan <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/149 Rpt: 115/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reid, Aidan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Susanna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remus, Hannah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remus, Hannah <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/149 Rpt: 116/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rice, Larry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rice, Larry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richter, Lauren <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/149 Rpt: 117/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richter, Lauren <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Risinger, Russell <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$2.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Risinger, Russell <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$2.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ristine, William <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ristine, William <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/149 Rpt: 118/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Nathaniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robbins, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robbins, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/149 Rpt: 119/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Andrea <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodgers, Jared <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$2.50</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodgers, Jared <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$2.50</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Andrew <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Andrew <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/149 Rpt: 120/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Giovanni <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Giovanni <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roe, Lillian <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roe, Lillian <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Darren <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$1.30
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/149 Rpt: 121/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Darren	<b>7</b> Amount of Contribution (\$)  \$1.30
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Wesley	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Wesley	Amount of Contribution (\$)  \$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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romo, Jodeci	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romo, Jodeci	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/149 Rpt: 122/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Donald ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Donald ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutledge, Lindsey ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutledge, Lindsey ..... Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Trevor ..... Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/149 Rpt: 123/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Trevor <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saleh, Anisa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saleh, Anisa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmeron, Alejandro <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmeron, Alejandro <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/149 Rpt: 124/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval Ruano, Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval Ruano, Edward <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scaglione, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scaglione, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scamman, Alexis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/149 Rpt: 125/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scamman, Alexis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Douglas <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Douglas <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Austin <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/149 Rpt: 126/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sedillo, Gabriel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sircher, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sklar, Estelle <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/149 Rpt: 127/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sklar, Estelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slattery, Christian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slattery, Christian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sletten, Spencer <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/149 Rpt: 128/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stedman, Christina <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/149 Rpt: 129/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stedman, Christina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Mitchell <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/149 Rpt: 130/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Jackson <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Jackson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stowe, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stowe, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stubbs, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/149 Rpt: 131/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stubbs, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tait, Grant <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tait, Grant <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/149 Rpt: 132/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarrillion, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarrillion, Matthew <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jonathan <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/149 Rpt: 133/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Garner <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Garner <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton, Nichole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton, Nichole <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 131/149 Rpt: 134/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd, Joshua <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tompkins, Hannah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tompkins, Hannah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Garrett <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 132/149 Rpt: 135/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Garrett <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Gil <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Gil <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 133/149 Rpt: 136/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torrez, Ernest <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$1.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Si <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Si <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traxel, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 134/149 Rpt: 137/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traxel, Joshua <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trojanowski, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trojanowski, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trujillo, Hope <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trujillo, Hope <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 135/149 Rpt: 138/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Unsold, Jacob <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Unsold, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Treese, Taylor <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vargas, Eric <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 136/149 Rpt: 139/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vargas, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vega, Aldo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vega, Aldo <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 137/149 Rpt: 140/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villalobos, Ana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villalobos, Ana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voelker, Jaime <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voelker, Jaime <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadham, Gary <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 138/149 Rpt: 141/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadham, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Ira <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Ira <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 139/149 Rpt: 142/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Way, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Way, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weber, Wyatt <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 140/149 Rpt: 143/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weber, Wyatt <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weil, Skyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weil, Skyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/149 Rpt: 144/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welkley, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welkley, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westby, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 142/149 Rpt: 145/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westby, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wetmore, Kendra <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wetmore, Kendra <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wetzel, Samuel <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wetzel, Samuel <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$3.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 143/149 Rpt: 146/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Anna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Anna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Stephen <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Stephen <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitman, Erin <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 144/149 Rpt: 147/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitman, Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggin, Stuart <hr/> 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggin, Stuart <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, David <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 145/149 Rpt: 148/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Dennis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Dennis <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Kaleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Kaleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winters, John <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 146/149 Rpt: 149/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winters, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolber, Bailey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolber, Bailey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolfel, Haylie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolfel, Haylie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 147/149 Rpt: 150/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Courtney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Courtney <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xie, Selena <hr/> Contributor address; City; 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/149 Rpt: 151/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xie, Selena	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarbrough, James	Amount of Contribution (\$)  \$4.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarbrough, James	Amount of Contribution (\$)  \$4.00
Contributor address; City; State; Zip Code  Austin, TX 78721		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yasui, Benjamin	Amount of Contribution (\$)  \$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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yasui, Benjamin	Amount of Contribution (\$)  \$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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 149/149 Rpt: 152/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) deOliveira, Courtney	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) deOliveira, Courtney	<b>Amount of Contribution (\$)</b> \$3.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78721	
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 153/154
<b>2</b> FILER NAME Austin Travis County Emergency Medical Services Employee PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 154/154	<b>2</b> FILER NAME Austin Travis County Emergency Medical Services	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 12/05/2025	<b>5</b> Payee name City of Austin	
<b>6</b> Amount (\$) \$37.10  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 15 Waller Street  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll deduction fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name City of Austin	
Amount (\$) \$37.10  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15 Waller Street  Austin, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 12/02/2025	Payee name Z to A Research	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1930 Columbia Rd NW Unit 127 Washington DC, DC 20009	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polling Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held