



# 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)	\$ 2,162.36
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,125.75
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 79,136.45
<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

<b>17 COMMITTEE NAME</b> Austin Travis County Emergency Medical Services Employee PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00053202
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,162.36
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 type="checkbox"/> SCHEDULE E: LOANS	\$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,125.75
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: 1/146 Rpt: 4/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abdelhadi, Leila <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abernathy, Kayla <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abernathy, Kayla <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adcock, Brandon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 2/146 Rpt: 5/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adcock, Brandon	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Ricardo	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Ricardo	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albear, Oscar	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albear, Oscar	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 3/146 Rpt: 6/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Janel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almaguer, Luis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almaguer, Luis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almodovar, Alejandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 4/146 Rpt: 7/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anthon, McKenna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anthon, McKenna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 5/146 Rpt: 8/150
<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 02/26/2026	<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 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
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: 6/146 Rpt: 9/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arocha-Guerra, Val	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aubin, Scott	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aubin, Scott	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aune, Joseph	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aune, Joseph	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 7/146 Rpt: 10/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avila, America <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azelson, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azelson, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azuara Mendez, Elvia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 8/146 Rpt: 11/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azuaara Mendez, Elvia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.27</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Charles <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Charles <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 9/146 Rpt: 12/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Amanda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 10/146 Rpt: 13/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Coty <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Coty <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Travis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Travis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 11/146 Rpt: 14/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balboa, Adam	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balboa, Adam	Amount of Contribution (\$)  \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barch-Chandler, Travis	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barch-Chandler, Travis	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnhart, Jennifer	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 12/146 Rpt: 15/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Jory <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Jory <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernal, Erica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernal, Erica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 13/146 Rpt: 16/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blais, Braden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blume, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blume, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bockewitz, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 14/146 Rpt: 17/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bockewitz, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostrom, Shanna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostrom, Shanna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braunstein, Spencer <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braunstein, Spencer <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$10.00
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: 15/146 Rpt: 18/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazelton, Reese <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazelton, Reese <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brindley, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broadbent, Kolby <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 16/146 Rpt: 19/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broadbent, Kolby <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Camille <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Camille <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 17/146 Rpt: 20/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Johnathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Johnathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brunson, Savannah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brunson, Savannah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bumpus, Ross <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 18/146 Rpt: 21/150
<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 03/13/2026	<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 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
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: 19/146 Rpt: 22/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cabrera, Ryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calderon, Audrey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 20/146 Rpt: 23/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calderon, Audrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<b>7</b> Amount of Contribution (\$)  \$0.27
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantonis, Carl <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantonis, Carl <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Micah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Micah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 21/146 Rpt: 24/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Emma <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavarretta, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavarretta, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celani, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 22/146 Rpt: 25/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celani, Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cendejas, Jacqueline <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cendejas, Jacqueline <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charboneau, Christian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Erin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 23/146 Rpt: 26/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chhabra, Ranjit <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chhabra, Ranjit <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciminera, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciminera, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 24/146 Rpt: 27/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cisneros, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cisneros, Kevin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Rajiv <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Rajiv <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 25/146 Rpt: 28/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clarkson, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clarkson, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cluskey, Francis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 26/146 Rpt: 29/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Jason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Jason <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 27/146 Rpt: 30/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornwall, Angela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costantino, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costantino, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 28/146 Rpt: 31/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crock, Clairissa	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crock, Clairissa	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, Jordan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, Jordan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
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: 29/146 Rpt: 32/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crouch, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz Zarate, Hector <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz Zarate, Hector <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cuevas, Saul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cuevas, Saul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 30/146 Rpt: 33/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cullens, Malik	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Damron, William	Amount of Contribution (\$)  \$3.27
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 31/146 Rpt: 34/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dantas, Felipe <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dantas, Felipe <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 32/146 Rpt: 35/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Richard	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Richard	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Cruz, Sofia	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Cruz, Sofia	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dean-Masse, Dustin	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 33/146 Rpt: 36/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dechow, Lillian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dechow, Lillian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derion, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derion, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 34/146 Rpt: 37/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dionizio, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dionizio, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donohoe, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donohoe, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draper, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 35/146 Rpt: 38/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Durham, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Durham, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 36/146 Rpt: 39/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echevarria, Edgardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.30</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echevarria, Edgardo <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b> <span style="float:right">\$1.30</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edmonson, Savanna <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edmonson, Savanna <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eeten, John <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b> <span style="float:right">\$5.00</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: 37/146 Rpt: 40/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Efe Aluebhosele, Onome <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Efe Aluebhosele, Onome <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguia, Eduardo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 38/146 Rpt: 41/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elbel, Amber <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elbel, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizardo, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizardo, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 39/146 Rpt: 42/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emmick, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engstrom, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 40/146 Rpt: 43/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ermentraut, Diana	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ermentraut, Diana	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Falder, William	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Falder, William	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, John	Amount of Contribution (\$)  \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 41/146 Rpt: 44/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.30
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: 42/146 Rpt: 45/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Figueroa, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Figueroa, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finch, Walter <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 43/146 Rpt: 46/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finch, Walter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fitzpatrick, Bryan <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b> <span style="float:right">\$5.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fitzpatrick, Bryan <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b> <span style="float:right">\$5.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Rilie <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b> <span style="float:right">\$2.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Rilie <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b> <span style="float:right">\$2.00</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: 44/146 Rpt: 47/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Raul	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Raul	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Robert	Amount of Contribution (\$)  \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Robert	Amount of Contribution (\$)  \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Tiana	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 45/146 Rpt: 48/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Tiana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallio, Riane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallio, Riane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 46/146 Rpt: 49/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galloway, Rose <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Bianca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Devin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 47/146 Rpt: 50/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Devin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Dale <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Dale <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garrett, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garrett, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 48/146 Rpt: 51/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gastelum, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Godinez, Allyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Godinez, Allyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gold, Mora <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 49/146 Rpt: 52/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gold, Mora <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales - Dick, Alyssa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales - Dick, Alyssa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Taylor <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Taylor <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 50/146 Rpt: 53/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goode, Jonathan	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goode, Jonathan	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Jennifer	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Jennifer	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregson, Jordan	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 51/146 Rpt: 54/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregson, Jordan	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, Bradley	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, Bradley	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffith, Kimberly	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffith, Kimberly	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 52/146 Rpt: 55/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groenloh, Jodie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groenloh, Jodie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guevara, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guevara, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadas, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 53/146 Rpt: 56/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadas, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadden, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadden, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haggarty, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 54/146 Rpt: 57/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Nathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Nathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hairston, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hairston, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanes, Rodney <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 55/146 Rpt: 58/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanes, Rodney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kaden <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hargrave, Jeffrey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 56/146 Rpt: 59/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawthorne, Cole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawthorne, Cole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heil, Anastasia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heil, Anastasia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hellein, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 57/146 Rpt: 60/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hellein, Jacob	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Hugo	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Hugo	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Arias, Alejandra	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Arias, Alejandra	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 58/146 Rpt: 61/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Garza, Vanessa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez Garza, Vanessa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 59/146 Rpt: 62/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindman, Shelby <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Travis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Travis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 60/146 Rpt: 63/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huitt, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 61/146 Rpt: 64/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Bryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobsen, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobsen, Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jakubauskas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 62/146 Rpt: 65/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenke, Emil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenke, Emil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jensen, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 63/146 Rpt: 66/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jensen, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez, Noah <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez, Noah <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez Unzueta, Marco <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez Unzueta, Marco <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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: 64/146 Rpt: 67/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jinadasa, Sampath	<b>7</b> Amount of Contribution (\$) \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johns, Edward	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johns, Edward	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Katherine	Amount of Contribution (\$) \$0.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 65/146 Rpt: 68/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson-Franklin, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalinowski, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaminowitz, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 66/146 Rpt: 69/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kane, Mikel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kane, Mikel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendall, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendall, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 67/146 Rpt: 70/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ketelsen, Ian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ketelsen, Ian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimble, Alena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimble, Alena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kingsbury, Dillon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 68/146 Rpt: 71/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirmanidis, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knauer, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 69/146 Rpt: 72/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, Aaron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koch, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koch, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koller, Joel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 70/146 Rpt: 73/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koller, Joel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kownacki, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kownacki, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraemer, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 71/146 Rpt: 74/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krampitz, Casey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraus, Stephen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kraus, Stephen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krycia, Noah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 72/146 Rpt: 75/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krycia, Noah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurtze, Benedict <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurtze, Benedict <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamoureux, Nicholas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamoureux, Nicholas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 73/146 Rpt: 76/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lancaster, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larriviere, Liam <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larriviere, Liam <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LeFan, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 74/146 Rpt: 77/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leib, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leib, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leibin, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leibin, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 75/146 Rpt: 78/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lesley, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leyva, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 76/146 Rpt: 79/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, Chenhao <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, Chenhao <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lidster, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 77/146 Rpt: 80/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindsay, Ross	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindsay, Ross	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lines, Bradley	Amount of Contribution (\$)  \$4.50
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lines, Bradley	Amount of Contribution (\$)  \$4.50
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cindy	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 78/146 Rpt: 81/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Lindsay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Ramon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 79/146 Rpt: 82/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lydon, Cassandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malgieri, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mallon, Paul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 80/146 Rpt: 83/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malone, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malone, Jordan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mancias, Vivian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mancias, Vivian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 81/146 Rpt: 84/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Denise <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Noah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 82/146 Rpt: 85/150
<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 03/13/2026	<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 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Henry <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Henry <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Bryan <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$4.50
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Bryan <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$4.50
<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: 83/146 Rpt: 86/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matos, Nadia	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
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: 84/146 Rpt: 87/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClelland, Sterling <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 85/146 Rpt: 88/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGarry, Kenneth	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGarry, Kenneth	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuigan, Daniel	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuigan, Daniel	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntire, Morgan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 86/146 Rpt: 89/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin, Kathleen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mead, Catrina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mead, Catrina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 87/146 Rpt: 90/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Megally, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Megally, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mestaz, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 88/146 Rpt: 91/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mestaz, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Brett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Brett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Michaelson, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Michaelson, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 89/146 Rpt: 92/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mireles, Guadalupe <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mireles, Guadalupe <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mockler, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 90/146 Rpt: 93/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mockler, John	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monson, Nancy	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monson, Nancy	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Angelica	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Angelica	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 91/146 Rpt: 94/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Alexander <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Alexander <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Garrett <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Garrett <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Kyle <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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: 92/146 Rpt: 95/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Kyle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrison, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrison, Timothy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 93/146 Rpt: 96/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mudge, Jack <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mudge, Jack <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muniz, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muniz, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murry, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 94/146 Rpt: 97/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murry, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nance, Megan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nance, Megan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Negron, Luis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Negron, Luis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 95/146 Rpt: 98/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, William	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 03/13/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	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 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niswender, Kellie	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noak, Darren	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 96/146 Rpt: 99/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noak, Darren <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Keith <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Keith <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nofle, Rachel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 97/146 Rpt: 100/150
<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 02/26/2026	<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 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivarez, Dominique <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliver, Kody <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliver, Kody <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, John <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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: 98/146 Rpt: 101/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Valeria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Valeria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owens, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owens, Ashley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 99/146 Rpt: 102/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pailes, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Christine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 100/146 Rpt: 103/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Roger <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$4.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Roger <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$4.50</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penner, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penner, Andre <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 101/146 Rpt: 104/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Sean <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Kyle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pimentel, Juan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 102/146 Rpt: 105/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pittman, Katie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pittman, Katie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plewacki, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plewacki, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 103/146 Rpt: 106/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Posada, Gabriel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell-Evans, Simon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powers, Kristy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powers, Kristy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 104/146 Rpt: 107/150
<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 02/26/2026	<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 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Amber <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pruiett, Cayden <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pruiett, Cayden <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puckett, James <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$2.30
<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: 105/146 Rpt: 108/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puckett, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<b>7</b> Amount of Contribution (\$)  \$2.30
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pursley, Shaun <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quiroz Mendez, Jesus <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 106/146 Rpt: 109/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Radcliffe, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$13.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rafferty, Zachary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$13.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Duane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 107/146 Rpt: 110/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Duane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Nathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 108/146 Rpt: 111/150
<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 02/26/2026	<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 78702	<b>7</b> Amount of Contribution (\$)  \$0.00
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawn, Madison <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawn, Madison <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reader, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reader, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 109/146 Rpt: 112/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redd, Kevin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Regier, Natalie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Regier, Natalie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reid, Aidan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 110/146 Rpt: 113/150
<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 03/13/2026	<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 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Susanna <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Susanna <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remus, Hannah <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remus, Hannah <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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: 111/146 Rpt: 114/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rice, Larry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rice, Larry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richter, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 112/146 Rpt: 115/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Risinger, Russell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Risinger, Russell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ristine, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ristine, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 113/146 Rpt: 116/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Nathaniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robbins, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robbins, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/146 Rpt: 117/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodgers, Jared <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/146 Rpt: 118/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Giovanni <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roe, Lillian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roe, Lillian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Darren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/146 Rpt: 119/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Darren <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.30</span>
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Wesley <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b> <span style="float:right">\$5.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Wesley <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b> <span style="float:right">\$5.00</span>
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romo, Jodeci <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romo, Jodeci <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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: 117/146 Rpt: 120/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Donald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Donald <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutledge, Lindsey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutledge, Lindsey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Trevor <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 118/146 Rpt: 121/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saleh, Anisa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saleh, Anisa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmeron, Alejandro <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmeron, Alejandro <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 119/146 Rpt: 122/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval Ruano, Edward <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scaglione, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scaglione, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scamman, Alexis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 120/146 Rpt: 123/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Douglas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Douglas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.30
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 121/146 Rpt: 124/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sedillo, Gabriel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sklar, Estelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slattery, Christian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 122/146 Rpt: 125/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slattery, Christian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sletten, Spencer <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Anthony <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 123/146 Rpt: 126/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Ashlyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Ashlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soto, Darae <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soto, Darae <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stedman, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 124/146 Rpt: 127/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$) <span style="float:right">\$3.00</span>
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Mitchell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 125/146 Rpt: 128/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Jackson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stowe, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stowe, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stubbs, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 126/146 Rpt: 129/150
<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 03/13/2026	<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 78702	<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
<b>Date</b> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift, Patrick <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift, Patrick <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tait, Grant <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tait, Grant <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$1.00
<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: 127/146 Rpt: 130/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarrillion, Matthew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tekamp, Austin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jonathan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 128/146 Rpt: 131/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Garner <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Garner <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton, Nichole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton, Nichole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 129/146 Rpt: 132/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tompkins, Hannah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tompkins, Hannah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Garrett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 130/146 Rpt: 133/150
<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 03/13/2026	<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 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole, Kaytlyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Gil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Gil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 131/146 Rpt: 134/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torrez, Ernest <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Si <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Si <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traxel, Joshua <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 132/146 Rpt: 135/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traxel, Joshua	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trojanowski, Mark	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trojanowski, Mark	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trujillo, Hope	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trujillo, Hope	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
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: 133/146 Rpt: 136/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Unsold, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vargas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vargas, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veasna, Renayuddh <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 134/146 Rpt: 137/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veasna, Renayuddh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vega, Aldo <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vega, Aldo <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villalobos, Ana <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villalobos, Ana <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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: 135/146 Rpt: 138/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voelker, Jaime <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voelker, Jaime <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadham, Gary <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$5.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 03/13/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadham, Gary <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$5.00
<b>Principal occupation / Job title (See Instructions)</b> Medic		<b>Employer (See Instructions)</b> City of Austin
<b>Date</b> 02/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Ira <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78702	<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: 136/146 Rpt: 139/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Ira <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 137/146 Rpt: 140/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Way, Alexander <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Way, Alexander <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weber, Wyatt <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weil, Skyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 138/146 Rpt: 141/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weil, Skyler <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weldon, Tyler <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welkley, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welkley, Justin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 139/146 Rpt: 142/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wesen, Hunter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wesen, Hunter <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westby, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westby, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wetmore, Kendra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 140/146 Rpt: 143/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wetmore, Kendra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Anna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Anna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Stephen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Stephen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/146 Rpt: 144/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitman, Erin ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitman, Erin ..... Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggin, Stuart ..... Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggin, Stuart ..... Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, David ..... Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

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<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Dennis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Dennis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Kaleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Kaleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 143/146 Rpt: 146/150
<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 02/26/2026	<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 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winters, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolber, Bailey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolber, Bailey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolfel, Haylie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 144/146 Rpt: 147/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolfel, Haylie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Courtney <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Courtney <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyche, Tyson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 145/146 Rpt: 148/150
<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 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xie, Selena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702	<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 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xie, Selena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarbrough, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarbrough, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yasui, Benjamin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	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: 146/146 Rpt: 149/150
<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 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yasui, Benjamin	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions) Medic		<b>9</b> Employer (See Instructions) City of Austin
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) deOliveira, Courtney	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) deOliveira, Courtney	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions) Medic		Employer (See Instructions) City of Austin

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 150/150	<b>2</b> FILER NAME Austin Travis County Emergency Medical Services	<b>3</b> Filer ID (Ethics Commission Filers) 00053202
<b>4</b> Date 02/27/2026	<b>5</b> Payee name City of Austin - EMS	
<b>6</b> Amount (\$) \$36.70  <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/13/2026	Candidate/Officeholder name City of Austin - EMS	
Amount (\$) \$36.10  <input type="checkbox"/> Expenditure from corporate funds	Office sought 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/19/2026	Candidate/Officeholder name George Morales Campaign	
Amount (\$) \$1,052.95  <input type="checkbox"/> Expenditure from corporate funds	Office sought 4704 Cabob St  Austin, TX 78744	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		