



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Let Us Vote Austin PAC</div> <div>OCC RECEIVED AT OCT 24 '18 PM3:06</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>309 East 11th St</div> Apartment or Suite Number <div>2</div> City* <div>Austin</div> State* <div>TX</div> Zip Code* <div>78701</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Fred</div> Middle Initial <div>I</div> Last Name <div>Lewis</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>309 East 11th St</div> Apartment or Suite Number <div>2</div> City <div>Austin</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181024</div>

* Indicates a required field



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6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-32.

DATE: 10-24-18

Fred I. Lewis

AFFIANT'S SIGNATURE

Fred I. Lewis, Treasurer

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

Fred Irving Lewis

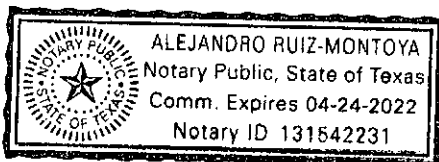
On the 24th day of October, 2018, to certify which witness my hand and official seal.

A. Ruiz M.

Notary Public in and for the State of Texas

Alejandro D. Ruiz-Montoya

Typed or Printed Name of Notary



Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Austin Chronicle</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>4000 N. I-35</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78751</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$1,545.00</div> Expenditure Date* <div>20181022</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Worley Printing		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3217 North I-35	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78722
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$2,418.31	
		Description (If Category is "Other") Mailers and Door Hangers	Expenditure Date* 20181022	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support-Prop J			



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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Art</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Olbert</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Art	Organization Name or Contributor Last Name, as applicable*		Olbert		Contributor Suffix															
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Organization Name or Contributor Last Name, as applicable*																									
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2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1906 Raleigh</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78703</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">self</td><td colspan="2">business</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1906 Raleigh				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703		Contributor Employer*		Contributor Occupation*		self		business	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1906 Raleigh																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703																							
Contributor Employer*		Contributor Occupation*																							
self		business																							
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Contributor City*	Contributor State*	Contributor Zip Code*																							
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