



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

OCC RECEIVED AT
SEP 7 '18 AM 11:09

| | |
|---|--|
| 1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual | Committee or Organization Name* Let Us Vote Austin PAC |
| 2 INDIVIDUAL OR ORGANIZATION ADDRESS | Address/ PO Box* 309 East 11th St Apartment or Suite Number Suite 2 City* Austin State* TX Zip Code* 78701 |
| 3 COMMITTEE TREASURER NAME (if applicable) | Title Mr First Name Fred Middle Initial I Last Name Lewis Suffix |
| 4 COMMITTEE TREASURER ADDRESS (if applicable) | Address/ PO Box 309 East 11th St Apartment or Suite Number 2 City Austin State TX Zip Code 78701 |
| 5 REPORT DATE | Date Filed (yyyymmdd)* 20180907 |

* 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: 9/7/18

Frederick Lewis
AFFIANT'S SIGNATURE

Frederick Irving Lewis
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Frederick Lewis

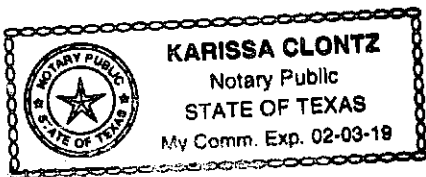
On the 9th day of September, 2018, to certify which witness my hand and official seal.

Karissa Clontz

Notary Public in and for the State of Texas

Karissa Clontz

Typed or Printed Name of Notary





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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 | Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Brian"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Rodgers"/> <input type="text"/> |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1112 W 9th"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703"/> Contributor Employer* Contributor Occupation* <input type="text" value="self"/> <input type="text" value="commercial developer and investor"/> |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20180822"/> <input type="text" value="\$5,000.00"/> |



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| | |
|---|--|
| 1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual | Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Linda"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Bailey"/> <input type="text"/> |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4104 Turkey Creek"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78730"/> Contributor Employer* Contributor Occupation* <input type="text" value="retired"/> <input type="text" value="business woman"/> |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20180830"/> <input type="text" value="\$1,000.00"/> |

[Add Another Contribution Page](#)