



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 5 '18 PM 3:17</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>309 East 11th St</div> City* <div>Austin</div> Apartment or Suite Number <div>Suite 2</div> State* <div>TX</div> Zip Code* <div>78701</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div>Mr</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> City <div>Austin</div> Apartment or Suite Number <div>2</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181005</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: 10/5/18
Fred I. Lewis

AFFIANT'S SIGNATURE

Fred I. Lewis

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Frederick Lewis

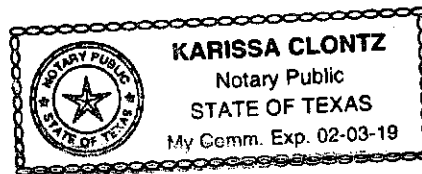
On the 5th day of October, 2018, to certify which witness my hand and official seal.

Karissa Clontz

Notary Public in and for the State of Texas

Karissa Clontz

Typed or Printed Name of Notary



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>Facebook</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1 Facebook Way</div> Payee City* <div>Menlo Park</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>CA</div> Payee Zip Code* <div>94025</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$750.00</div> Expenditure Date* <div>20181002</div>

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

[illegible]



Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

[illegible]

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>Reagan National Advertising</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>7301 Burleson</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78744</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div>In-Kind Billboard Contribution. Same as listed below under contrib</div>		(\$) Expenditure Amount* <div>\$10,000.00</div> Expenditure Date* <div>20181004</div>

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

[illegible]



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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* Brian Organization Name or Contributor Last Name, as applicable* Rodgers Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1112 W 9th Contributor City* Austin Contributor Employer* self Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78703 Contributor Occupation* commercial developer and investor
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181003 (\$) Contribution Amount* \$5,000.00



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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>George</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Shipley</td><td></td></tr></table>	Contributor Title	Contributor First Name*		George	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Shipley																	
Contributor Title	Contributor First Name*																								
	George																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Shipley																									
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">2012 Mountain View</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">Shipley and Associates</td><td colspan="2">public relations; consulting</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2012 Mountain View				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703		Contributor Employer*		Contributor Occupation*		Shipley and Associates		public relations; consulting	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
2012 Mountain View																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703																							
Contributor Employer*		Contributor Occupation*																							
Shipley and Associates		public relations; consulting																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20180926</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20180926	\$1,000.00																				
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* William Organization Name or Contributor Last Name, as applicable* Spiesman Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5700 Clay Ave Contributor City* Austin Contributor Employer* self Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78756 Contributor Occupation* consulting; business
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180926 (\$) Contribution Amount* \$500.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Reagan National Advertising		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 7301 Burleson Road	Contributor Apartment or Suite Number 	Contributor City* Austin
	Contributor State* TX	Contributor Zip Code* 78744	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181004	(\$) Contribution Amount* \$10,000.00	

Add Another Contribution Page