



Report of Covered Transfers Supporting Direct Campaign Expenditures: Schedule ATX.8

☐ Office Use Only

Use this form to report covered transfers made and contributions received by the filer, as defined in § 2-2-34(a) of the City Code. For detailed instructions on how to complete this form, see the **Report of Covered Transfers Supporting Direct Campaign Expenditures Instruction Guide**.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Save Our City Austin</div> <div>DCC RECEIVED AT OCT 5 '18 PM 3:17</div>		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>309 East 11th</div> City* <div>Austin</div>		Apartment or Suite Number <div>2</div> State* <div>TX</div> Zip Code* <div>78701</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div></div> Middle Initial <div></div> Last Name <div></div> Suffix <div></div>		
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div></div> City <div></div>		Apartment or Suite Number <div></div> State <div></div> Zip Code <div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181005</div>		

* Indicates a required field



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6 DECLARATION

By signature below, I certify that the Report of Covered Transfers Supporting 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 2-2-34.

DATE: 10/5/18

Frederick K. Lewis

SIGNATURE

Frederick T Lewis

PRINT NAME



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Transfers Made

Itemize each transfer of funds **made** by the filer towards a direct campaign expenditure in Sections 1-4.
For additional transfers, click "Add Another Transfer Page" below.

* Indicates a required field

1 RECIPIENT NAME <input type="checkbox"/> Recipient is an individual	Organization Name or Recipient Last Name, as applicable*		
	Let Us Vote Austin SPAC		
2 RECIPIENT ADDRESS	Recipient Address/ PO Box*		Recipient Apartment or Suite Number
	309 East 11th		2
	Recipient City*	Recipient State*	Recipient Zip Code*
	Austin	TX	78701
3 TRANSFER DETAILS	Transfer Date*		(\$ Transfer Amount*
	20180127		\$4,775.00
	Purpose and Description of the Transfer*		
			Transfer for petitioning. Voluntary reporting: not an election communication nor identified measure.

4 If known, identify each candidate or ballot measure supported or opposed by the intended direct campaign expenditure			
Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Petitioning for CodeNEXT Voter Approval (Not ar			



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1	RECIPIENT NAME <input type="checkbox"/> Recipient is an individual	Organization Name or Recipient Last Name, as applicable* Let Us Vote Austin SPAC		
2	RECIPIENT ADDRESS	Recipient Address/ PO Box* 309 East 11th	Recipient Apartment or Suite Number 2	
		Recipient City* Austin	Recipient State* TX	Recipient Zip Code* 78701
3	TRANSFER DETAILS	Transfer Date* 20180208	(\$ Transfer Amount* \$3,000.00	
		Purpose and Description of the Transfer* Transfer for petitioning. Voluntary reporting: not an election communication nor identified measure.		

4 If known, identify each candidate or ballot measure supported or opposed by the intended direct campaign expenditure

Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Petitioning for CodeNEXT Voter Approval (Not an			



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Contributions Received

A filer is required to report contribution information only if the filer has received \$500 or more in contributions in aggregate from a particular contributor during the current election reporting cycle, which is the two-year period beginning on the date following the most recent City general election. If the \$500 aggregate threshold is met for a particular contributor at the time that a filer reports a covered transfer, then the filer must include the following information regarding each contribution received from that contributor in the report, subject to certain exceptions and other criteria which are set forth in more detail in City Code § 2-2-34(C)(8).

If the \$500 contribution threshold is not met for any contributor, then leave this page blank.

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

* Indicates a required field

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>SOS Alliance</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>905 West Oltorf</div> Contributor City* <div>Austin</div> Contributor Employer <div></div>	Contributor Apartment or Suite Number <div>#A</div> Contributor State* <div>TX</div>	Contributor Zip Code* <div>787704</div> Contributor Occupation <div></div>
Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20180130</div>		(\$) Contribution Amount* <div>\$2,500.00</div>

Add Another Contribution Page



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* Indicates a required field

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>Linda</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Bailey</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Linda	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Bailey																					
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	Linda																												
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																												
Bailey																													
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">4104 Turkey Creek</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">78730</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">retired</td><td colspan="2">retired</td></tr><tr><td colspan="4">Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		4104 Turkey Creek				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78730		Contributor Employer		Contributor Occupation		retired		retired		Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals			
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Itemize each contribution received by the filer in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

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>Fred</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Lewis</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Fred	Organization Name or Contributor Last Name, as applicable*		Lewis		Contributor Suffix																			
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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">4509 Edgemont</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">78731</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">attorney</td></tr><tr><td colspan="4">Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		4509 Edgemont				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78731		Contributor Employer		Contributor Occupation		self		attorney		Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals			
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Add Another Contribution Page