



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* Let Us Vote Austin SPAC <div style="text-align: right;">OCC RECEIVED AT OCT 18 '18 PM2:58</div>														
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 309 East 11th St City* Austin		Apartment or Suite Number Ste 2 State* TX Zip Code* 78701												
3 COMMITTEE TREASURER NAME (if applicable)	<table border="1"><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td></td><td>Fred</td><td>I</td></tr><tr><td>Last Name</td><td colspan="2">Suffix</td></tr><tr><td>Lewis</td><td colspan="2"></td></tr></table>			Title	First Name	Middle Initial		Fred	I	Last Name	Suffix		Lewis		
Title	First Name	Middle Initial													
	Fred	I													
Last Name	Suffix														
Lewis															
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 309 East 11th St City Austin		Apartment or Suite Number Ste 2 State TX Zip Code 78701												
5 REPORT DATE	Date Filed (yyyymmdd)* 20181018														

* 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: 10/18/18
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

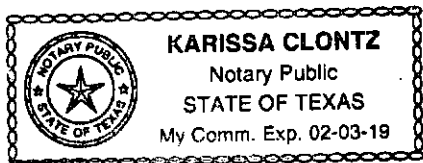
On the 18th day of October, 2018, to certify which witness my hand and official seal.

Karissa Clontz

Notary Public in and for the State of Texas

Karissa Clontz

Typed or Printed Name of Notary





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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>Linda</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Bailey</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Linda	Organization Name or Contributor Last Name, as applicable*		Bailey		Contributor Suffix															
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Organization Name or Contributor Last Name, as applicable*																									
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Contributor Suffix																									
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 colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>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">business</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		business	
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retired		business																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181012</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181012	\$1,000.00																				
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Jim Skaggs Revocable Trust				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4700 Toreador Dr	Contributor Apartment or Suite Number 	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78746
	Contributor Employer* self	Contributor Occupation* business			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181015		(\$) Contribution Amount* \$5,000.00		



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Contributor Title	Contributor First Name*																								
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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">PO Box 4023</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">78765</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		PO Box 4023				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78765		Contributor Employer*		Contributor Occupation*		self		business	
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Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
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self		business																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181016</td><td>\$2,500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181016	\$2,500.00																				
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[Add Another Contribution Page](#)