



(Previously Independent Expenditures not by a Candidate)

1	Committee or Organization Name*			
INDIVIDUAL	Let Us Vote Austin SPAC			
OR				
ORGANIZATION				
NAME				
Filer is an individual			OCC RECEIVED AT	
			OCT 18'18 PM2:58	
-				
2 INDIVIDUAL OR	Address/ PO Box*	Apartment or	Suite Number	
ORGANIZATION	309 East 11th St Ste 2		2	
ADDRESS	City*	State*	Zip Code*	
AUDRESS	Austin	хт	78701	
3				
COMMITTEE TREASURER	Title First Name		Middle Initial	
NAME	Fred			
(if applicable)	Last Name	Suffix	I	
	Lewis			
4	Address/ PO Box	Apartment or	Suite Number	
COMMITTEE TREASURER	309 East 11th St	Ste 2	:	
ADDRESS	City	State	Zip Code	
(if applicable)	Austin	Тх	78701	
5	Date Filed (yyyymmdd)*			
REPORT DATE	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.

AFFIANT'S SIGNATURE

Fred I herris

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

trederick lewis

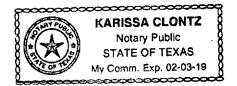
day of D ctober

 $\overline{eta 0}$, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

lanssa Clontz

Typed or Printed Name of Notary





(Previously Independent Expenditures not by a Candidate)

1				
PAYEE			i	
NAME	Organization Name or Payee Last Name, as applicable*	_		
Payee is an individual	Cooper Designs			
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	3571 Far West Blvd	#138		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	אז	78731	
3	Category*	(\$) Expenditure A		
EXPENDITURE	Other (use Description field)	\$1,692.80		
DETAILS	Description (If Category is "Other")	Expenditure Date	*	
	Website Design	20181016		

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport- Proposition J			
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(Previously Independent Expenditures not by a Candidate)

PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Facebook		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1 Facebook Way		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Menlo Park	CA	94025
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Advertising Expense	\$1,144.94	
DETAILS	Description (If Category is "Other")	Expenditure Date [*]	k
		20181016	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support- Proposition J			
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(Previously Independent Expenditures not by a Candidate)

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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Anne Musial		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1908 Sunny Brook Dr		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78723
3	Category*	(\$) Expenditure A	Amount [*]
EXPENDITURE	Solicitation/Fundraising Expense	\$812.20	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20181016	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport-Prop J			
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(Previously Independent Expenditures not by a Candidate)

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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Ad-People (c/o Worley Printing)		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3217 N. IH-35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	XT	78722
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Advertising Expense	\$2,553.32	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20181016	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport-Prop. J			
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(Previously Independent Expenditures not by a Candidate)

1	Payee Title Payee First Name*			
PAYEE	Amanda			
NAME	Organization N	ame or Payee Last Name, as applicable st	Payee Suffix	
Payee is an individual	Boyd			
2	Payee Address	PO Box*	Payee Apartment	or Suite Number
PAYEE	309 East 11th		Ste 2	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	· · · · · · · · · · · · · · · · · · ·	ТХ	78701
3	Category*	- <u>-</u>	(\$) Expenditure A	Amount*
EXPENDITURE	Salaries/Wages	/Contract labor	\$1,150.00	
DETAILS	DETAILS Description (If Category is "Other")		Expenditure Date*	
		- 	20181016	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
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PAYEE				
NAME	Organization Name or Payee Last Name, as applicable*			
Payee is an individual	Emmis Austin Radio]		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	8309 N IH-35			
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	ТХ	78753	
3	Category*	(\$) Expenditure A	mount*	
EXPENDITURE	Advertising Expense	\$4,350.00	· · · · · · · · · · · · · · · · · · ·	
DETAILS	Description (If Category is "Other")	Expenditure Date	*	
		20181016		

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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(Previously Independent Expenditures not by a Candidate)

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	Contributor Title Contributor First Name*	
🔀 Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Bailey	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	4104 Turkey Creek	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	ТХ 78730
EMPLOYER	Contributor Employer*	Contributor Occupation*
	retired	business
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
	20181012	\$1,000.00



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

1 CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Jim Skaggs Revocable Trust		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	4700 Toreador Dr		
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	ХТ	78746
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	self	business	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20181015	\$5,000.00	





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

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name*		
🔀 Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Mitchell		
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
CONTRIBUTOR	PO Box 4023		
ADDRESS	Contributor City*	Contributor State [*] Contributor Zip Code [*]	
AND	Austin	ТХ 78765	
EMPLOYER	Contributor Employer*	Contributor Occupation*	
	self	business	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
CONTRIBUTION DETAILS	20181011	\$5,000.00	



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Contribution

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

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name*	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Mitchell	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	PO Box 4023	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78756
EMPLOYER	Contributor Employer*	Contributor Occupation*
	self	business
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION DETAILS	20181016	\$2,500.00
		·

Add Another Contribution Page