

(Previously Independent Expenditures not by a Candidate)

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1	Committee or Organization Name*		
INDIVIDUAL	Let Us Vote Austin PAC		
OR	· · · · · · · · · · · · · · · · · · ·		
ORGANIZATION			
NAME			
Filer is an individual			
2	Address/ PO Box*	Apartment or S	uite Number
	309 East 11th	Ste 2	
ORGANIZATION ADDRESS	City*	State*	Zip Code*
ADDRESS	Austin	тх	78701
3			
COMMITTEE TREASURER	Title First Name		Middle Initial
NAME	Fred		l
(if applicable)	Last Name	Suffix	`
(Lewis		
4	Address/ PO Box	Apartment or S	uite 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	20181105		

* 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: red Thewis

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Fred I. Lewis

On the

day of November, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

NOT COMPANY	ALEJANDRO MEDINA Notary Public, State of Texas
\mathbf{x}	Comm. Expires 08-15-2022
A Contraction	Notary ID 131684514

Typed or Printed Name of Notary

Alejundo Medina



Expenditure

(Previously independent Expenditures not by a Candidate)

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

1			•
PAYEE		• •	
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	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	TX	78722
3	Category*	(\$) Expenditure 4	Amount*
EXPENDITURE	Advertising Expense	\$583.47	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	doorhangers	20181102	

upport- Prop J		(if applicable)
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Expenditure



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Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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

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	PAYEE			
	NAME	Organization Name or Payee Last Name, as applicable*		
	Payee is an individual	Facebook		
2		Payee Address/ PO Box*	Payee Apartment	t or Suite Number
	PAYEE	1 Facebook Way		
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
		Menlo Park	CA	94025
3		Category*	(\$) Expenditure	Amount*
	EXPENDITURE	Advertising Expense	\$750.00	
	DETAILS	Description (If Category is "Other")	Expenditure Date	*
		Facebook ads	20181103	
1				

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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Report Of Direct Campaign Expenditures: Schedule ATX.1

Expenditure

(Previously Independent Expenditures not by a Candidate)

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

1		
PAYEE		
NAME	Organization Name or Payee Last Name, as applicable*	<u>.</u> .
Payee is an individual	RoboCent	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	219 General Booth Blvd	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Virgina Beach	VA 23454
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Advertising Expense	\$971.93
DETAILS	Description (If Category is "Other")	Expenditure Date*
	robocalls	20181105

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 is an individual	Contributor Title Contributor First Name*	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor City* Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*

Add Another Contribution Page