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t					
1	Committee or Organization Name*				
INDIVIDUAL	Let Us Vote Austin PAC				
OR					
ORGANIZATION					
NAME					. 1
Filer is an individual					
2	Address/ PO Box*		Aį	Apartment or Suite Number	
INDIVIDUAL OR	309 East 11th St	,	Su	Suite 2	
ORGANIZATION	City*		St	State* Zip Code*	
ADDRESS	Austin			(78701
3					
COMMITTEE TREASURER	Title Fit	rst Name			Middle Initial
NAME	Mr Fr	ed			
	Last Name		Suffi	ix	
(if applicable)	Lewis				
4	Address/ PO Box 309 East 11th St		Aj	Apartment or Suite Number	
COMMITTEE TREASURER			2		
ADDRESS	City		St	ate	Zip Code
(if applicable)	Austin		T	(78701
5	Date Filed (yyyymm	dd)*			
REPORT DATE	20180907				

^{*} Indicates a required field



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.

tredeck mu

AFFIANT'S SIGNATURE

Frederick Javing Lewis

Typed or Printed Name of Notary

STATE OF TEXAS

COUNTY OF TRAVIS

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

Treaterick Lewis

On the 947

day of

stonber 20

, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

KARISSA CLONTZ

Notary Public
STATE OF TEXAS

My Comm. Exp. 02-03-19



Expenditure

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

PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Austin Screen Printing		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	4204 Medical Parkway		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	хх	78756
<u> </u>	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Advertising Expense	\$498.82	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
	T-shirts	20180829	

Proposition J- Support	Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
	Proposition J- Support			

		<u></u>		



Expenditure

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

PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Checkmark Typesetting		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3717 N. IH-35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78722
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Advertising Expense	\$2,505.04	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
	Yard signs	20180907	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Proposition J-Support			
			<u> </u>



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.

termize each contribution	mi occiono i on additional donamono, eno.		
1 CONTRIBUTOR	Contributor Title Contributor First Name*		
NAME	Brian		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Rodgers		
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
CONTRIBUTOR	1112 W 9th		
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*	
AND	Austin	TX 78703	
EMPLOYER	Contributor Employer*	Contributor Occupation*	
	self	commercial developer and investor	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
CONTRIBUTION DETAILS	20180822	\$5,000.00	



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	Contributor Title Contributor First Name*	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Bailey	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4104 Turkey Creek Contributor City* Austin Contributor Employer* retired	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78730 Contributor Occupation* business woman
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180830	(\$) Contribution Amount* \$1,000.00

Add Another Contribution Page