OCC RECEIVED AT SEP 19'18 PM3:03

1	T		
*	Committee or Organization Name*		
INDIVIDUAL	Let Us Vote Austin PAC		
OR			
ORGANIZATION			
NAME			
Filer is an individual			•
2 INDIVIDUAL OR	Address/ PO Box*	Apartment or Suit	e Number
INDIVIDUAL OR	309 East 11th St	#2	
ORGANIZATION	City*	State*	Zip Code*
ADDRESS	Austin	Tx	78701
3			
COMMITTEE TREASURER	Title First Name	Mi	ddle Initial
NAME	Fred	I	
(if applicable)	Last Name	Suffix	
in abbucanci	Lewis		
4	Address/ PO Box	Apartment or Suite	e Number
COMMITTEE TREASURER	309 East 11th St	#2	
ADDRESS	City	State	Zip Code
(if applicable)	Austin	TX	78701
5			-
REPORT DATE	Date Filed (yyyymmdd)*		
	20180919		

<sup>\*</sup> 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.

DATE: 9/19/18 - Frederick A	- Frederick I. Low 15
AFFIANT'S SIGNATURE	PRINT NAME

**COUNTY OF TRAVIS** 

STATE OF TEXAS

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

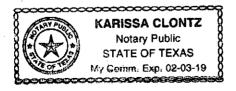
traderick lewis

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

Kanssa Clantz Karissa Clantz

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





# **Expenditure**

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

1			
<del>*</del>			
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	Amount*
EXPENDITURE	Advertising Expense	\$500.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20180917	
		-	

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>		
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	<del> </del>		
		· · · · · · · · · · · · · · · · · · ·	



# **Expenditure**

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	Amanda Boyd	]		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	309 East 11th St	#2		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	ТХ	78701	
3	Category*	(\$) Expenditure A	\mount*	
EXPENDITURE	Salaries/Wages/Contract labor	\$1,100.00		
DETAILS	Description (If Category is "Other")	Expenditure Date	*	
		20180917		

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>
			<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	Wetzal and Associates	]	
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	8407 Appalachian Dr		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78759
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,700.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20180919	

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



#### 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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
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