



Report of Covered Transfers Supporting Direct Campaign Expenditures: Schedule ATX.8

6 DECLARATION

By signature below, I certify that the Report of Covered Transfers Supporting 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 2-2-34.

DATE: 10/5/18

Frederick T Lewis

SIGNATURE

Frederick T Lewis

PRINT NAME



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Contributions Received

A filer is required to report contribution information only if the filer has received \$500 or more in contributions in aggregate from a particular contributor during the current election reporting cycle, which is the two-year period beginning on the date following the most recent City general election. If the \$500 aggregate threshold is met for a particular contributor at the time that a filer reports a covered transfer, then the filer must include the following information regarding each contribution received from that contributor in the report, subject to certain exceptions and other criteria which are set forth in more detail in City Code § 2-2-34(C)(8).

If the \$500 contribution threshold is not met for any contributor, then leave this page blank.

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

* Indicates a required field

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="SOS Alliance"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="905 West Oltorf"/></td> <td colspan="2"><input type="text" value="#A"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="787704"/></td> </tr> <tr> <td>Contributor Employer</td> <td colspan="2">Contributor Occupation</td> </tr> <tr> <td><input type="text"/></td> <td colspan="2"><input type="text"/></td> </tr> </table> <p>Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</p>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="905 West Oltorf"/>	<input type="text" value="#A"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="787704"/>	Contributor Employer	Contributor Occupation		<input type="text"/>	<input type="text"/>	
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3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20180130"/></td> <td><input type="text" value="\$2,500.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20180130"/>	<input type="text" value="\$2,500.00"/>														
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[Add Another Contribution Page](#)



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

* Indicates a required field

1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
<input checked="" type="checkbox"/> Contributor is an individual			Linda	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Bailey		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	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	retired	
		Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals		
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20180216		\$4,000.00

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* Indicates a required field

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Fred Organization Name or Contributor Last Name, as applicable* Lewis Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4509 Edgemont Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78731 Contributor Employer self Contributor Occupation attorney Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20171215 (\$) Contribution Amount* \$500.00

Add Another Contribution Page