



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

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RECEIVED

2016 OCT 28 PM 3 03

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name*  Arbor PAC
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* 8127 Mesa Dr. #B-206  City* Austin  Apartment or Suite Number PMB 255  State* TX  Zip Code* 78759
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title Mr.  First Name Marc  Middle Initial  Last Name Duchen  Suffix 
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box 4711 Spicewood Springs Rd.  City Austin  Apartment or Suite Number 227  State TX  Zip Code 78759
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* 20161028

\* 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: 10/28/16



AFFIANT'S SIGNATURE

Marc Duchon

PRINT NAME

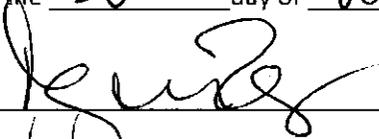
STATE OF TEXAS

COUNTY OF TRAVIS

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



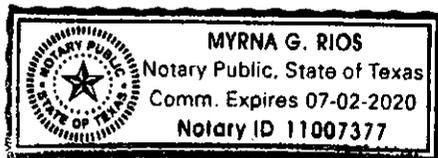
On the 28 day of October, 2016, to certify which witness my hand and official seal.



Notary Public in and for the State of Texas

Myrna Rios

Typed or Printed Name of Notary







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# Expenditure

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

<b>1</b>  <b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <input style="width:100%;" type="text" value="CheckMark Typesetting"/>												
<b>2</b>  <b>PAYEE ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Payee Address/ PO Box*</td> <td style="width:40%; border-bottom: 1px solid black;">Payee Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3217 N. IH 35</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Payee City*</td> <td style="border-bottom: 1px solid black;">Payee State*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Austin</td> <td style="border-bottom: 1px solid black;">TX</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Payee Zip Code*</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">78722</td> </tr> </table>	Payee Address/ PO Box*	Payee Apartment or Suite Number	3217 N. IH 35		Payee City*	Payee State*	Austin	TX	Payee Zip Code*		78722	
Payee Address/ PO Box*	Payee Apartment or Suite Number												
3217 N. IH 35													
Payee City*	Payee State*												
Austin	TX												
Payee Zip Code*													
78722													
<b>3</b>  <b>EXPENDITURE DETAILS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Category*</td> <td style="width:40%; border-bottom: 1px solid black;">(\$) Expenditure Amount*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Printing Expense</td> <td style="border-bottom: 1px solid black;">\$5,528.33</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Description (If Category is "Other")</td> <td style="border-bottom: 1px solid black;">Expenditure Date*</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">20161027</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Printing Expense	\$5,528.33	Description (If Category is "Other")	Expenditure Date*		20161027				
Category*	(\$) Expenditure Amount*												
Printing Expense	\$5,528.33												
Description (If Category is "Other")	Expenditure Date*												
	20161027												

<b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable</b>			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Gallo	Sheri		District 10 - City Council
Natalie	Gauldin	District 7 - City Council	







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# 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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Becky"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Beaver"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="816 Congress Ave."/> <input type="text" value="Suite 1600"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Self-Employed"/> <input type="text" value="Attorney"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161021"/> <input type="text" value="\$1,000.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Matt"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Haney"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="4306 Sinclair Ave"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78756"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Harvest Rain"/> <input type="text" value="Vice President"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161021"/> <input type="text" value="\$500.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Joseph"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Pinnelli"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="PO Box 50038"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78763"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="J Pinnelli Company LLC"/> <input type="text" value="General Contractor"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161022"/> <input type="text" value="\$500.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Joseph"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Reynolds"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="2611 West 49th St."/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Retired"/> <input type="text" value="Retired"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161021"/> <input type="text" value="\$500.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*	
		<input type="text"/>	<input type="text" value="Kirk"/>	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix
		<input type="text" value="Mitchell"/>		<input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		<input type="text" value="PO Box 4023"/>		<input type="text"/>
		Contributor City*		Contributor State*    Contributor Zip Code*
		<input type="text" value="Austin"/>		<input type="text" value="TX"/> <input type="text" value="78765"/>
		Contributor Employer*		Contributor Occupation*
		<input type="text" value="Self"/>		<input type="text" value="Preservationist"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		<input type="text" value="20161021"/>		<input type="text" value="\$2,000.00"/>