



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

AUSTIN CITY CLERK
RECEIVED

2016 OCT 28 PM 3 03

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Arbor PAC
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 8127 Mesa Dr. #B-206 City* Austin Apartment or Suite Number PMB 255 State* TX Zip Code* 78759
3 COMMITTEE TREASURER NAME (if applicable)	Title Mr. First Name Marc Middle Initial Last Name Duchen Suffix
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 4711 Spicewood Springs Rd. City Austin Apartment or Suite Number 227 State TX Zip Code 78759
5 REPORT DATE	Date Filed (yyyymmdd)* 20161020

* 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

[Handwritten Signature]

AFFIANT'S SIGNATURE

Marc Duchon

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Marc Duchon

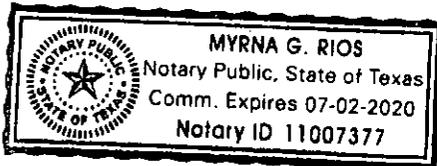
On the 28 day of October, 2016, to certify which witness my hand and official seal.

[Handwritten Signature]

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.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <input style="width:100%;" type="text" value="Leland Beatty"/>								
2 PAYEE ADDRESS	<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;">1103 Upland Dr.</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* Payee Zip Code*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Austin</td> <td style="border-bottom: 1px solid black;">TX 78741</td> </tr> </table>	Payee Address/ PO Box*	Payee Apartment or Suite Number	1103 Upland Dr.		Payee City*	Payee State* Payee Zip Code*	Austin	TX 78741
Payee Address/ PO Box*	Payee Apartment or Suite Number								
1103 Upland Dr.									
Payee City*	Payee State* Payee Zip Code*								
Austin	TX 78741								
3 EXPENDITURE DETAILS	<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;">Consulting Expense</td> <td style="border-bottom: 1px solid black;">\$1,500.00</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;">20161020</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Consulting Expense	\$1,500.00	Description (If Category is "Other")	Expenditure Date*		20161020
Category*	(\$) Expenditure Amount*								
Consulting Expense	\$1,500.00								
Description (If Category is "Other")	Expenditure Date*								
	20161020								

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
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
Gauldin	Natalie	District 7 - City Council	

[Add Another Expenditure Page](#)



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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.

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Southwest Laborers District Council SWLDC PAC"/>																		
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="11720 East 21st St."/></td> <td colspan="2"><input type="text" value="Suite D"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Tulsa"/></td> <td><input type="text" value="OK"/></td> <td><input type="text" value="74129"/></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>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="11720 East 21st St."/>	<input type="text" value="Suite D"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Tulsa"/>	<input type="text" value="OK"/>	<input type="text" value="74129"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
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Contributor Employer*	Contributor Occupation*																		
<input type="text"/>	<input type="text"/>																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20161015"/></td> <td><input type="text" value="\$2,500.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20161015"/>	<input type="text" value="\$2,500.00"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Mary"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Sanger"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="704 Carolyn Avenue"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78705"/> Contributor Employer* Contributor Occupation* <input type="text" value="Retired"/> <input type="text" value="Retired"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161008"/> <input type="text" value="\$1,000.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Linda"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Bailey"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4104 Turkey Creek Dr."/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78730"/> Contributor Employer* Contributor Occupation* <input type="text" value="Retired"/> <input type="text" value="Retired"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161005"/> <input type="text" value="\$500.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Joannie"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Arrott"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4605 Limestone Circle"/> <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="Texas Assn. of School Boards"/> <input type="text" value="Risk Manager"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161008"/> <input type="text" value="\$1,000.00"/>



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual		Fred	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Lewis		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		4509 Edgemont Dr.		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78731
		Contributor Employer*	Contributor Occupation*	
		Self	Attorney	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20161017		\$800.00



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Jett Organization Name or Contributor Last Name, as applicable* Hanna Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 6112 Highlandale Dr. Contributor City* Austin Contributor Employer* Texas Lawyer's Insurance Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78731 Contributor Occupation* Sr. VP
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161002 (\$) Contribution Amount* \$9,000.00

Add Another Contribution Page