



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

AUSTIN CITY CLERK
RECEIVED

2016 DEC 12 PM 3 17

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* Apartment or Suite Number 8127 Mesa Dr. #B-206 PMB 255 City* State* Zip Code* Austin TX 78759
3 COMMITTEE TREASURER NAME (if applicable)	Title First Name Middle Initial Mr. Marc Last Name Suffix Duchen
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box Apartment or Suite Number 4711 Spicewood Springs Rd. 227 City State Zip Code Austin TX 78759
5 REPORT DATE	Date Filed (yyyymmdd)* 20161212

* Indicates a required field



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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: 12/12/16

[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

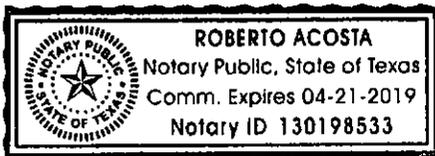
On the 12TH day of DECEMBER, 2016, to certify which witness my hand and official seal.

[Handwritten Signature]

Notary Public in and for the State of Texas

ROBERTO ACOSTA

Typed or Printed Name of Notary





Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Kirk Organization Name or Contributor Last Name, as applicable* Mitchell Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* PO Box 4023 Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78765 Contributor Employer* Self Contributor Occupation* Preservationist
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161205 (\$) Contribution Amount* \$2,000.00



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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="Midwest Region Laborers' Political League"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1 N. Old State Capitol Plaza"/>	Contributor Apartment or Suite Number <input type="text" value="Suite 525"/>
	Contributor City* <input type="text" value="Springfield"/>	Contributor State* Contributor Zip Code* <input type="text" value="IL"/> <input type="text" value="62701"/>
	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text" value="N/A"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161205"/>	(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>