GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

1

FORM GPAC COVER SHEET PG 1

| | | | · · · · | | | |
|-------------------------|-----------------------------------|-----------|---|---------------|----------------|--|
| The GPAC Instruction | Guide explains how to complete th | is form. | 1 Filer ID (Ethics Commi 00081061 | | | 2 Total pages filed: 17 |
| 3 COMMITTEE NAME | | | | | Í | OFFICE USE ONLY |
| Arbor PAC | | | | | ł | Date Received |
| | | | | | | |
| | | | | | | A 2016 |
| 4 COMMITTEE | ADDRESS / PO BOX; APT / SUIT | E #; CIT | Y; STAT | E; ZIP C | ODE | |
| ADDRESS | 8127 Mesa Dr. #B-206 | | | | ŀ | Date Hand-delivered of Pate Posymatked |
| Change of Address | PMB 255 | | | | | CO REAL |
| | Austin, TX 78759 | | | | ľ | Receipt # Amoph |
| | | | | | | |
| | | | | | | Date Processed 3 0 0 |
| | | | | | ŀ | Date Imaged |
| | | | | | | on × |
| 5 CAMPAIGN | MS / MRS / MR FIRST | T | | | ٩ | MI |
| TREASURER NAME | Mr. Marc | ; | | | | |
| | | | | | | |
| | NICKNAME LAST | | ***************************** | | 5 | SUFFIX |
| | Duch | nen | | | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO BOX F | | AP | F / SUITE #; | CITY; | STATE; ZIP CODE |
| STREET | 4711 Spicewood Springs Rd. #2 | 227 | | | | |
| ADDRESS | | | | | | |
| (Residence or Business) | Austin, TX 78759 | | | | | |
| 7 CAMPAIGN TREASURER | STREET OR PO BOX; | | AF | PT / SUITE #; | CITY; | STATE; ZIP CODE |
| MAILING | 4711 Spicewood Springs Rd. #2 | 227 | | | | |
| ADDRESS | | | | | | |
| Change of Address | Austin, TX 78759 | | | | | |
| 8 CAMPAIGN | AREA CODE PHONE NUM | MBER E | XTENSION | | | • |
| TREASURER PHONE | (713) 824-1266 | | | | | |
| | | | | | | . |
| 9 REPORT TYPE | January 15 | 301 | th day before elec | tion | | Dissolution (Attach PAC-DR) |
| | | X 8th | day before electi | on | | 10th day after campaign treasurer |
| | July 15 | | noff | | | termination |
| | | | | | | |
| 10 PERIOD COVERED | Month Day Year | ты | IROUGH | Month | Day 29/2016 | Year |
| | 09/30/2016 | • • • | ROUGH | 10/ | 29/2010 | |
| 11 ELECTION | ELECTION DATE | | | ELECTION T | YPE | |
| | Month Day Year | Pi | rimary | Runoff | | Other |
| | 11/08/2016 | | eneral | Special | | |
| | | | | | | |
| | | <u> </u> | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |
| Forms provided by Te | xas Ethics Commission | | nics.state.tx.u | | | Version V1.0.1480 |
| i sinis provided by Te | | *****.GII | 103.3tdtC.tx.U | د. | | VEISION VI.0.1480 |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | • | | 13 Filer ID |) (Ethics Commission Filers) |
|---|---|--|-------------------------|------------------------------|
| Arbor PAC | | | 00081 | 061 |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed Natalie Gauldin Austin City Co | ouncil - Di | strict 7 |
| | 2. Measures | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS) qualifies for the higher itemization threshold | \$ | 423.98 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 22,648.98 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL E | EXPENDITURES OF \$100 OR LESS, UNLESS ITER | MIZED \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 21,086.28 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL C OF THE REPORTING | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 2,932.70 |
| OUTSTANDING LOAN TOTALS | | MOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | ROBERTO ACOSTA | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| Con | ny Public, State of Texas nm. Expires 04-21-2019 ptary ID 130198533 | mar | | |
| | | Signature of Ca | mpaign Tre | easurer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed of | | MARC DUCHEN . th which, witness my hand and seal of office. | his the $\underline{-}$ | 31stday |
| Signature of officer ad | ministering oath | ROPERTO ACOSTA Printed name of officer administering oath | Nບ Title of | MARY PVBLIC |

Forms provided by Texas Ethics Commission

Version V1.0.1480

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 3 of 17

| 12 COMMITTEE NAME | | | 13 Filer ID (Ethics Commission Filers) |
|---|--|--|--|
| Arbor PAC | | | 00081061 |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Alison Alter Austin City Coun | il - District 10 |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | |
| | 3. Officeholders Assisted | | |
| | (Identity by name or, if applicable, classify by party.) | | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Rob Walker Austin City Cour | cil - District 10 |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | |
| | | B. Opposed | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | |
| · . | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | |
| | | B. Opposed | |
| | 3. Officeholders Assisted (Identify by name or. if applicable, classify by party.) | Leslie Pool Austin City Counc | il - District 7 |
| | | • | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

| | | | | | | Page 4 of 17 |
|---|--|--------------|-------------|------------------|--------------------|----------------------------|
| 12 COMMITTEE NAME | - | | | | 13 Filer ID | (Ethics Commission Filers) |
| Arbor PAC | | | | | 00081061 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | Sheri Gallo | Austin City Cour | icil - District 10 | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| | | | | | | |
| | | | | | | |

| SUBTOTALS - GPAC | CC | FORM GPAC OVER SHEET PG 3 5 of 17 |
|--|-------------------------|---|
| 17 COMMITTEE NAME Arbor PAC | 18 Filer ID 00081061 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | - | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 22,648.98 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO | R | \$ |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA | TION OR | \$ |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | ORGANIZATION | \$ |
| 9. SCHEDULE E: LOANS | | \$ |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ 21,086.28 |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO | DNS | \$ |
| 15. SCHEDULE K: INTEREST. CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ |
| | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/6 Rpt: 6/17 Filer ID (Ethics Commission Filers) 2 FILER NAME 3 00081061 Arbor PAC 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ \$1,000.00 10/08/2016 Arrott, Joannie 6 Contributor address; City; State; Zip Code 4605 Limestone Circle Austin, TX 78731 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Texas Assn. of School Boards **Risk Manager** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$500.00 10/05/2016 Bailey, Linda Contributor address; City; State; Zip Code 4104 Turkey Creek Dr. Austin, TX 78730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) ١ \$100.00 10/08/2016 Basciano, Joyce Contributor address; City; State; Zip Code 1907 W 34th St. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2016 \$1.000.00 Beaver, Becky Contributor address; City; State; Zip Code 816 Congress Ave. Suite 1600 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Attorney Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 10/21/2016 Bunch, William \$225.00 Contributor address; City; State; Zip Code 1307 Oxford Ave. Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney SOS Alliance

| SCHEDULE A | 1\ |
|------------|----|
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| The Ins | truction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 2/6 Rpt: 7/17 | |
|---|---|--|---|----------------|
| 2 FILER NA Arbor PA | | | 3 Filer ID (Ethics Commission Fi 00081061 | ilers) |
| 4 Date 10/13/20 | | | 7 Amount of Contribution (\$) | \$250.00 |
| | 6 Contributor address: City; State; Zip Code 6500 Santolina Cv. Austin, TX 78731 | | | |
| 8 Principal of Retired | occupation / Job title (See Instructions) | 9 Employer (See Instructions) Retired |) | |
| Disto | | <u> </u> | Amount of Contribution (C) | |
| Date | Full name of contributor out-of-state PAC (ID#: | ······································ | Amount of Contribution (\$) | |
| 10/26/20 | 16 Burson-Polston, Mary | | 3 | \$300.00 |
| | Contributor address: City; State; Zip Code 4107 Cat Mountain Dr. | | | |
| | Austin, TX 78731 | | | |
| Principal o Retired | occupation / Job title (See Instructions) | Employer (See Instructions) Retired |) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 10/08/20 | 16 Carbone, K.F. | | 9 | 5100.00 |
| | Contributor address: City; State; Zip Code | | | |
| | 2710 West 49th 1/2 St. | | | |
| | | | | |
| | Austin, TX 78731 | | | |
| Principal o | Austin, TX 78731 | Employer (See Instructions) |) | <u></u> |
| Principal o Date | | |) Amount of Contribution (\$) | |
| | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$100.00 |
| Date | Full name of contributor out-of-state PAC (1D#: |) | Amount of Contribution (\$) | 3100.00 |
| Date | Full name of contributor out-of-state PAC (ID#:) Clements, Paul Clements, Paul |) | Amount of Contribution (\$) | \$100.00 |
| Date 10/18/20 | Full name of contributor out-of-state PAC (ID#:_ 16 Clements, Paul Contributor address; City; State; Zip Code 2624 W. 49th St. Austin, TX 78731 |) | Amount of Contribution (\$) | \$100.00 |
| Date 10/18/20 | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$100.00 |
| Date 10/18/20 | Full name of contributor out-of-state PAC (ID#:_ 16 Clements, Paul Contributor address; City; State; Zip Code 2624 W. 49th St. Austin, TX 78731 | Employer (See Instructions) | Amount of Contribution (\$) | \$100.00 |
| Date 10/18/20 Principal o | Full name of contributor out-of-state PAC (ID#:_ 16 Clements, Paul Contributor address; City; State; Zip Code 2624 W. 49th St. Austin, TX 78731 beccupation / Job title (See Instructions) Full name of contributor Germain, Daniel | Employer (See Instructions) | Amount of Contribution (\$) \$) Amount of Contribution (\$) | \$100.00 |
| Date 10/18/20 Principal o Date | Full name of contributor out-of-state PAC (ID#:_ 16 Clements, Paul Contributor address; City; State; Zip Code 2624 W. 49th St. Austin, TX 78731 bccupation / Job title (See Instructions) Full name of contributor Image: Contributor of the contributor Contributor address; City; State; Zip Code 2624 W. 49th St. Austin, TX 78731 bccupation / Job title (See Instructions) Full name of contributor Intervention of contributor Image: Control of the control | Employer (See Instructions) | Amount of Contribution (\$) \$) Amount of Contribution (\$) | |
| Date 10/18/20 Principal o Date | Full name of contributor out-of-state PAC (ID#:_ 16 Clements, Paul Contributor address; City; State; Zip Code 2624 W. 49th St. Austin, TX 78731 beccupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code 2624 W. 49th St. Austin, TX 78731 beccupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Germain, Daniel Contributor address; City; State; Zip Code | Employer (See Instructions) | Amount of Contribution (\$) \$) Amount of Contribution (\$) | |
| Date 10/18/20 Principal o Date 10/28/20 | Full name of contributor out-of-state PAC (ID#:_ 16 Clements, Pauł Contributor address; City; State; Zip Code 2624 W. 49th St. Austin, TX 78731 boccupation / Job title (See Instructions) Full name of contributor 0ut-of-state PAC (ID#:_ Austin, TX 78731 boccupation / Job title (See Instructions) Contributor address; City; State; Zip Code 5910 Lonesome Valley Trl | Employer (See Instructions) | Amount of Contribution (\$) \$ Amount of Contribution (\$) | |

SCHEDULE A1

| The Instruc | ction Guide explains how to co | mplete this form. | 1 Total pages Schedule A1: Sch: 3/6 Rpt: 8/17 |
|---------------------------|--|---|---|
| 2 FILER NAME Arbor PAC | | | 3 Filer ID (Ethics Commission Filers) 00081061 |
| 4 Date 10/21/2016 | Haney, Matt | -of-state PAC (ID#:) | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip 4306 Sinclair Ave | o Code | |
| | Austin, TX 78756 | | |
| 8 Principal occup VP | pation / Job title (See Instructions) | 9 Employer (See Instruction Harvest Rain | ns) |
| Date | | -of-state PAC (ID#:) | Amount of Contribution (\$) |
| 10/02/2016 | | | |
| | Contributor address; City; State; Zip 6112 Highlandale | Code | |
| | Austin, TX 78731 | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instruction | |
| Sr. VP | | Texas Lawyer's Insura | Ince |
| Date | Full name of contributor | -of-state PAC (ID#:) | Amount of Contribution (\$) |
| 10/08/2016 | Hirsh, Ranleigh | | \$100.00 |
| | Contributor address; City; State; Zip | Code | |
| | 2624 W. 49th St. | | |
| | Austin, TX 78731 | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instruction | ns) |
| Date | Full name of contributor | -of-state PAC (ID#:) | Amount of Contribution (\$) |
| 10/08/2016 | Kahle, Mary | | \$50.00 |
| | Contributor address; City; State; Zip |) Code | |
| | 5402 Hurlock Dr. | | |
| | Austin, TX 78731 | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ns) |
| Date | Full name of contributor out- | -of-state PAC (ID#:) | Amount of Contribution (\$) |
| 10/05/2016 | King, Sterling | | \$300.00 |
| | Contributor address; City; State; Zip 1808 Kerr Ave. |) Code | |
| | Austin, TX 78704 | | |
| | | | ns) |

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SCHEDULE A1

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| The Instru | uction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 4/6 Rpt: 9/17 | |
| 2 FILER NAME Arbor PAC | : : | | 3 Filer ID (Ethics Commission Fi 00081061 | ilers) |
| 4 Date 10/05/2016 | Full name of contributorout-of-state PAC (ID#:Levinski, Robert Contributor address; City: State; Zip Code 4200 Bridgeview Dr. Apt 1333 Fort Worth, TX 76109 | | 7 Amount of Contribution (\$) | \$150.00 |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions) | IS) | |
| Date 10/17/2016 | , |) | Amount of Contribution (\$) | \$800.00 |
| Principal occu Attorney | upation / Job title (See Instructions) | Employer (See Instructions) Self | IS) | |
| Date 10/23/2016 | Contributor address: City; State; Zip Code 2412 Greenlawn Pkwy. |) | Amount of Contribution (\$) | \$100.00 |
| Principal occi | Austin, TX 78757 upation / Job title (See Instructions) | Employer (See Instructions) | 15) | <u> </u> |
| Date 10/21/2016 | Full name of contributorout-of-state PAC (ID#: Mitchell, Kirk Contributor address; City; State; Zip Code PO Box 4023 Austin, TX 78765 | | Amount of Contribution (\$) | ,000.00 |
| Principal occu Preservation | upation / Job title (See Instructions) nist | Employer (See Instructions) Self | ıs) | |
| Date 10/08/2016 | Full name of contributorout-of-state PAC (ID#: Orshalick, David Contributor address; City; State; Zip Code 2701 W. 49th 1/2 St. Austin, TX 78731 | | Amount of Contribution (\$) | \$100.00 |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | IS) | |
| | | | | |

SCHEDULE A1

| The Instru | ction Guide explains how | to complete this fo | vrm. | 1 Total pages Schedule A1: Sch: 5/6 Rpt: 10/17 | |
|------------------|---------------------------------------|------------------------|--|---|------------|
| 2 FILER NAME | · · · · · · · · · · · · · · · · · · · | | | 3 Filer ID (Ethics Commission | Filers) |
| Arbor PAC | | | | 00081061 | |
| 4 Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 10/08/2016 | Owen, Martha | | | | \$100.00 |
| | 6 Contributor address; City; Sta | te: Zin Code | | | |
| | 3600 Hillbrook | , | | | |
| | | | | | |
| | Austin, TX 78731 | | | | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions |) | |
| | | | | | |
| Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 10/22/2016 | Pinnelli, Joseph | | | | \$500.00 |
| | Contributor address: City; Sta | te; Zip Code | *** *** (() (() *** (**) * 4 *** *** *** *** () () *** *** *** *** *** | | |
| | PO Box 50038 | | | | |
| | | | | | |
| | Austin, TX 78763 | | | | |
| | pation / Job title (See Instructions) | | Employer (See Instructions | | |
| General Con | tractor | | J Pinnelli Company LLC | | |
| Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 10/11/2016 | Reed, Mary | | | | \$25.00 |
| | Contributor address; City; Sta | te; Zip Code | | | |
| | 1101 Charlotte St. | | | | |
| | Austin, TX 78703 | | | | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | |
| | | | | | |
| Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 10/22/2016 | - Reeder, Ellen | _ | | | \$300.00 |
| | Contributor address; City; Stat | ie; Zip Code | | | |
| | 4006 Ridgelea Dr. | • | | | |
| | | | , | | |
| | Austin, TX 78731 | | | | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) |) | |
| Paralegal | | | Baker & Botts | | |
| Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 10/21/2016 | Reynolds, Caroline | | | | \$25.00 |
| | Contributor address; City; Stat | | | | |
| | 2611 West 49th St. | | | | |
| | August TV 20204 | | | | |
| Dringiant | Austin, TX 78731 | | | | • • |
| Principal occup | oation / Job title (See Instructions) | | Employer (See Instructions) |) | |
| | | | | | |
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SCHEDULE A1

| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 6/6 Rpt: 11/17 | |
|-----------------------------|--|--|---|------------|
| 2 FILER NAME Arbor PAC | | | 3 Filer ID (Ethics Commissio 00081061 | on Filers) |
| 4 Date 10/21/2016 | 5 Full name of contributor out-of-state PAC (ID#:) Reynolds, Joseph | | 7 Amount of Contribution (\$) | \$500.00 |
| | 6 Contributor address; City; State; Zip Code 2611 West 49th St. | | | |
| | Austin, TX 78731 | | | |
| 8 Principal occu Retired | ipation / Job title (See Instructions) | 9 Employer (See Instructions) Retired |) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | #1 000 00 |
| 10/08/2016 | Sanger, Mary | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code 704 Carolyn Avenue | | | |
| | Austin, TX 78705 | | | |
| Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions) Retired |) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 10/15/2016 | Southwest Laborers District Council SWLDC PA | IC I | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | | |
| l | 11720 East 21st St. | | | |
| | Suite D | | | |
| | Tulsa, OK 74129 | | - | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Date | Full name of contributor 🔲 out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 10/08/2016 | Speights, Sara | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 2701 W. 49th 1/2 St. | | | |
| | Austin, TX 78731 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 10/04/2016 | Tollett, Jason | | | \$300.00 |
| | Contributor address; City; State; Zip Code 3701 Bonnie Rd. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| , | | | | |
| | Austin, TX 78703 | | | |

:

| POLITICAL EXPEND | ITURES FROM POLITICAL |
|------------------|-----------------------|
| CONTRIBUTIONS | · |

SCHEDULE F1

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|--|--|--|--|--|--|
| Advertising Expense | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense | | | | | | |
| Accounting/Banking Consulting Expense | Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District | | | | | | |
| Contributions/ Donations Made By | - Gitt/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | |
| Candidate/Officeholder/Politica Credit Card Payment | | | | | | | |
| | The Instruction Guide explains how to complete this form. | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Sch: 1/6 Rpt: 12/17 | Arbor PAC 00081061 | | | | | | |
| | | | | | | | |
| 4 Date | 5 Payee name | | | | | | |
| 10/12/2016 | 1and1.com | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| \$71.05 | 701 Lee Road | | | | | | |
| \$11.05 | | | | | | | |
| Evpenditure from | Suite 300 | | | | | | |
| Expenditure from corporate funds | Chesterbrook, PA 19087 | | | | | | |
| · | | | | | | | |
| 8 PURPOSE | (a) Category (See Calegories listed at the top of this schedule) (b) Description | | | | | | |
| | Hosting Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| EXPENDITORE | Check if Ausun, TX. officeholder living expense | | | | | | |
| | Hosting | | | | | | |
| | | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| expenditure to benefit C/OI | | | | | | | |
| experiance to benefit over | | | | | | | |
| Date | Payee name | | | | | | |
| 10/28/2016 | AusTex | | | | | | |
| 10/20/2010 | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| \$1,415.46 | 2431 Forbes Drive | | | | | | |
| | | | | | | | |
| Expenditure from | | | | | | | |
| Corporate funds | Austin, TX 78754 | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| OF | Advertising Expense | | | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | |
| | Print & Postage | | | | | | |
| | Think at Uslage | | | | | | |
| | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| expenditure to benefit C/OI | ⁴ Alter, Alison Austin City Council District 10 | | | | | | |
| Data | | | | | | | |
| Date | Payee name | | | | | | |
| | (see previous) | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Expenditure from | | | | | | | |
| corporate funds | | | | | | | |
| PURPOSE | | | | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| EXPENDITURE | Check if Iravel outside of Texas. Complete Schedule T. | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Check if Austin, TX, officeholder living expense | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| expenditure to benefit C/OF | | | | | | | |
| | Walker, Rob Austin City Council District 10 | | | | | | |
| | | | | | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

SCHEDULE F1

| | | EXPENDITURE C | CATEGORIE | S FOR E | 30X 8(a) | | | |
|---|----------------------------|--|---------------------------|--|----------------------------|---------|--|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Exp Legal Services The Instruction Guide | Ol Po ense Pr Sé | ffice Overhi offing Exper inting Expe alaries/Wag | ense jes/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 Total pages Schedule F1: | 2 FILER NAM | Ε | | | | 3 | Filer ID | (Ethics Commission Filers) |
| Sch: 2/6 Rpt: 13/17 | Arbor PAC | | | | | | 00081061 | |
| 4 Date | 5 Payee name | 9 | | | | | | |
| 10/20/2016 | Beatty, Lel | and | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ess; City; | State; Z | ip Code | 2 | | | |
| \$1,500.00 | 1103 Uplai | nd Dr. | | | | | | |
| Expenditure from corporate funds | Austin, TX | 78741 | | | | | | |
| 8 PURPOSE | (a) Category (| See Calegories listed at the to | op of this schedul | _{e)} (t |) Description | | | |
| | Consulting | Expense | | | | | de of Texas. Comp officeholder living | |
| | | | | | Data | I, I A. | oncendiber living | expense |
| | | | | | Bata | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name | Offic | ce sough | ıt | | Office he | eld |
| Date | Payee name | 5 | | | | | | |
| 10/27/2016 | CheckMarl | k Typesetting | | | | | | |
| Amount (\$) | Payee addre | ess; City; | State: Z | ip Code | 2 | | | |
| \$5,528.33 | 3217 N. IH | - | | • | | | | |
| Expenditure from corporate funds | Austin, TX | 78722 | | | | | | |
| PURPOSE | (a) Category (s | See Categories listed at the to | op of this schedul | _{e)} (t |) Description | | | |
| | Printing Ex | pense | | | | | de of Texas, Com officebolder livied | |
| | | | | | Design & Prin | | ofliceholder living | exbenze |
| Complete ONLY if direct | | ficeholder name | Offic | e sough | it | | Office he | eld |
| expenditure to benefit C/O | ^H Alter, Alison | | Aus | tin City | Council District | t 10 | | |
| Date | Payee name | <u>`</u> | | | | | | |
| | (see previo | | | | | | | |
| Amount (\$) | Payee addre | | State; Z | 'in Code | | | | |
| , inidant (a) | r ujec udu. | 555, OKJ, | | | · | | | |
| | | | | | | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF | (a) Category (s | See Categories listed at the to | op of this schedul | _{e)} (t |) Description | | | |
| EXPENDITURE | | | | | | | de of Texas. Com officeholder living | |
| | | | | | | | omeenningenninĝ | - expense |
| | | | | | | | | |
| Complete ONLY if direct | Candidate/Of | ficeholder name | Offic | e sough | t | | Office he | hld |
| expenditure to benefit C/O | | noenoider name | Unit | le sough | i, | | | Dity Council District 7 |
| | 1.001, 40310 | _ | | | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Exp 7 - Gitt/Awards/Memorials Expense Printing Ex | yment/Reimbursement Solicitation/Fundraising Expense thead/Rental Expense Transportation Equipment & Related Expense pense Travel in District prense Travel Out of District (ages/Contract Labor OTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 3/6 Rpt: 14/17 | Arbor PAC | 00081061 | | | |
| 4 Date | 5 Payee name | | | | |
| | (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | | | |
| Corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sough ^H Walker, Rob Austin Cit | ght Office held ty Council District 10 | | | |
| Date | Payee name | | | | |
| 10/20/2016 | Daniel Carvalhinho, Daniel | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | | |
| \$4,000.00 | Rua Celso Ferraz de Camargo, 557 | | | | |
| Expenditure from corporate funds | Campinas SP 13083 Brazil | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Websites | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | | | | |
| expenditure to benefit C/OF | H Alter, Alison Austin Cit | ty Council District 10 | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip Co | de | | | |
| PURPOSE OF EXPENDITURE | | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office soug | ght Office held Austin City Council District 7 | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|--|--|-----------------------------|--|---|--|--|--|
| Candidate/Officeholder/Politica Credit Card Payment | Accounting/Banking Fees Consulting Expense Food/Be Contributions/ Donations Made By - Gift/Awa Candidate/Officeholder/Political Committee Legal Se Credit Card Payment | | | vment/Reimbursement head/Rental Expense ense ages/Contract Labor nplete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter à category not listed above) | | | |
| 1 Total pages Schedule F1: | | <u> </u> | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 4/6 Rpt: 15/17 | Arbor PAC | | | | 00081061 | | | |
| 4 Date | 5 Payee name | | | | <u> </u> | | | |
| | (see previou | us) | | | | | | |
| 6 Amount (\$) Expenditure from corporate funds | 7 Payee addres | ss; City; State | te; Zip Code | e | | | | |
| 8 PURPOSE | (a) Category (Se | | -hadida) (| (b) Description | | | | |
| OF EXPENDITURE | (a) Calcyory (se | (a) Category (See Categories listed at the top of this schedule) (b) DeSCription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Offic ^H Walker, Rob | | Office sough Austin City | hı y Council District | Office held t 10 | | | |
| Date | Payee name | | | | | | | |
| 10/28/2016 | Google Inc. | | | | | | | |
| Amount (\$) \$100.00 Expenditure from corporate funds | | ss; City; State iitheatre Parkway iew, CA 94043 | ie; Zip Code | 9 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(Se} Advertising I | ee Categories listed at the top of this sc Expense | ;hedule) (t | | l outside of Texas. Complete Schedule T. n, TX, officeholder fiving expense | | | |
| Complete <u>ONLY</u> if direct | Candidate/Offic | | Office sough | | Office held | | | |
| expenditure to benefit C/OF | ^H Alter, Alison | | Austin City | y Council District | ι 10 | | | |
| Date | Payee name (see previou | | | | | | | |
| Amount (\$) | Payee addres | ss; City; State | ie; Zip Code | e | | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See | ee Categories listed at the top of this sc | , | Check if Austin, | outside of Fexas. Complete Schedule T. n, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Offic ^H Walker, Rob | | Office sough Austin City | ht y Council District | Office held t 10 | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | | | | | |
|---|---|--|--|--|--|--|
| | The Instruction Guide explains how to complete this form. | | | | | |
| 1 Total pages Schedule F1: Sch: 5/6 Rpt: 16/17 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Arbor PAC 00081061 | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 10/16/2016 | Herronstock.com | | | | | |
| 6 Amount (\$) \$53.04 | 7 Payee address; City; State; Zip Code 3428 Greystone Dr | | | | | |
| Expenditure from corporate funds | Austin, TX 78731 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Images (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Images | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | |
| Date 10/28/2016 | Payee name SmartMail | | | | | |
| Amount (\$) \$2,033.78 | Payee address; City; State; Zip Code 2011 Anchor Ln | | | | | |
| Expenditure from corporate funds | Austin, TX 78723 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage | | | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held ⁴ Alter, Alison Austin City Council District 10 | | | | | |
| Date 10/28/2016 | Payee name SmartMail | | | | | |
| Amount (\$) \$4,584.42 | Payee address; City; State; Zip Code 2011 Anchor Ln | | | | | |
| Expenditure from corporate funds | Austin, TX 78723 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held Alter, Alison Austin City Council District 10 | | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

| SCHEDULE F | -1 |
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|---|---|--|-------------------------|--|----------|--|-----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ove Food/Beverage Exponse Poliing Exp y - Gift/Awards/Memorials Expense Printing Ex | | | Ayment/Reimbursement Solicitation/Fund erhead/Rental Expense Transportation Ex xpense Travel in District :xpense Travel Out of Dis Wages/Contract Labor OTHER (enter a | | | Equipment & Related Expense |
| 1 Total pages Schedule F1: | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| Sch: 6/6 Rpt: 17/17 | Arbor PAC | - | | | | 00081061 | (Enics Commission Fliers) |
| 4 Date | 5 Payee name | • | - | · · · · | . | | · · · |
| | (see previo | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ess; City; State | e; Zip Co | de | | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE | (a) Category (s | see Categories listed at the top of this so | hedule) | (b) Description | | | |
| OF EXPENDITURE | | | | | | ide of Texas. Com , officeholder living | |
| 9 Complete ONLY if direct | Candidate/Of | iceholder name | Office sou | ght | | Office he | eld |
| expenditure to benefit C/OI | ^H Pool, Leslie | | | - | | Austin (| City Council District 7 |
| Date | Payee name (see previo | | | | | | |
| Amount (\$) Expenditure from corporate funds | | | e; Zip Co | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(S} | ee Categories listed at the top of this sol | hedule) | | | de of Texas. Com officeholder living | |
| Complete ONLY if direct | Candidate/Off | iceholder name | Office sou | aht | | Office he | eld |
| expenditure to benefit C/Oł | | | | ty Council District | t 10 | | |
| | · · · - | | | | | | |
| Date 10/27/2016 | Payee name Worley Prir | | | | | | |
| Amount (\$) \$1,800.20 | Payee addre 3217 N. IH | - | e; Zip Co | de | | | |
| Expenditure from corporate funds | Austin, TX | 78722 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(S} Printing Ex | ee Categories listed at the top of this sch DENSE | nedule) | | ı, тх, | de of Texas. Com officeholder living | |
| Complete ONLY if direct expenditure to benefit C/OF | | | Office sou Austin Ci | ght ty Council District | 10 | Office he | eld |
| | | | | | | | |