



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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AUSTIN CITY CLERK  
RECEIVED

2016 DEC 16 PM 1 55

<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)*  20161216		

\* 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: 12/12/16

AFFIANT'S SIGNATURE

Marc Duchon

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

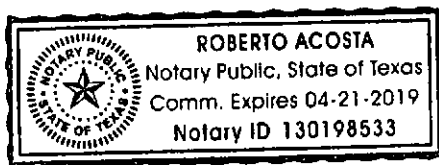
MARC DUCHON

On the 16TH day of DECEMBER, 2016, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

ROBERTO ACOSTA

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	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Travis County Democratic Party		
2	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 1311 E. 6th St.	Payee Apartment or Suite Number Ste. B	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78702
3	<b>EXPENDITURE DETAILS</b>	Category* Other (use Description field)	(\$) Expenditure Amount* \$1,000.00	
		Description (If Category is "Other") Donation	Expenditure Date* 20161214	

#### 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)

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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Elizabeth</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Alter</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Elizabeth	Organization Name or Contributor Last Name, as applicable*		Alter		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Elizabeth																								
Organization Name or Contributor Last Name, as applicable*																									
Alter																									
Contributor Suffix																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1375 Broadway</td><td colspan="2">Flr 21</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">New York</td><td>NY</td><td>10018</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Retired</td><td colspan="2">Retired</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1375 Broadway		Flr 21		Contributor City*		Contributor State*	Contributor Zip Code*	New York		NY	10018	Contributor Employer*		Contributor Occupation*		Retired		Retired	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1375 Broadway		Flr 21																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
New York		NY	10018																						
Contributor Employer*		Contributor Occupation*																							
Retired		Retired																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161213</td><td>\$6,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161213	\$6,000.00																				
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Add Another Contribution Page