



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

AUSTIN CITY CLERK
RECEIVED

2016 OCT 20 PM 2 49

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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		Apartment or Suite Number PMB 255
		City* Austin	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.		Apartment or Suite Number 227
		City Austin	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: 10/20/16

AFFIANT'S SIGNATURE

Marc Duchon

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

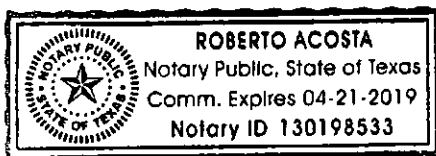
MARC DUCHON

On the 20th day of OCTOBER, 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



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* <div>Daniel Carvalhinho</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>Rua Celso Ferraz de Camargo, 557</div> Payee City* <div>Campinas</div>	Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div>	Payee Zip Code* <div>13083</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$4,000.00</div> Expenditure Date* <div>20161020</div>	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]



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



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



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Joannie Organization Name or Contributor Last Name, as applicable* Arrott Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4605 Limestone Circle Contributor City* Austin Contributor Employer* Texas Assn. of School Boards Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78731 Contributor Occupation* Risk Manager
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161008 (\$) Contribution Amount* \$1,000.00



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1	CONTRIBUTOR NAME	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Fred"/>
<input checked="" type="checkbox"/>	Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Lewis"/>	Contributor Suffix <input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="4509 Edgemont Dr."/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78731"/>	
		Contributor Employer* <input type="text" value="Self"/>	Contributor Occupation* <input type="text" value="Attorney"/>
3	CONTRIBUTOR DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161017"/>	(\$) Contribution Amount* <input type="text" value="\$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 Apartment or Suite Number 	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78731
		Contributor Employer* Texas Lawyer's Insurance		Contributor Occupation* Sr. VP	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161002		(\$) Contribution Amount* \$9,000.00	

Add Another Contribution Page