



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)* 20161028 |

* 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

AFFIANT'S SIGNATURE

Marc Duchene

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

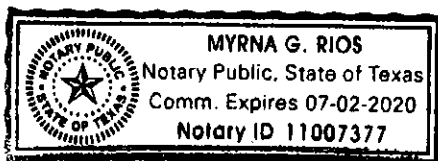
Marc Duchene

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

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* AusTex | | |
| 2 | PAYEE ADDRESS | Payee Address/ PO Box* 2431 Forbes Drive | Payee Apartment or Suite Number | |
| | | Payee City* Austin | Payee State* TX | Payee Zip Code* 78754 |
| 3 | EXPENDITURE DETAILS | Category* Printing Expense | (\$) Expenditure Amount* \$1,415.46 | |
| | | Description (If Category is "Other") | Expenditure Date* 20161028 | |

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 |
| Alter | Alison | District 10 - City Council | |
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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 * SmartMail | | |
| 2 | PAYEE ADDRESS | Payee Address/ PO Box * 2011 Anchor Ln | Payee Apartment or Suite Number | |
| | | Payee City * Austin | Payee State * TX | Payee Zip Code * 78723 |
| 3 | EXPENDITURE DETAILS | Category * Advertising Expense | (\$) Expenditure Amount * \$2,033.78 | |
| | | Description (If Category is "Other") | Expenditure Date * 20161028 | |

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) |
|---|---|----------------------------------|--------------------------------|
| Alter | Alison | District 10 - City Council | |
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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 checked="" type="checkbox"/> Contributor is an individual | <table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Becky</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Beaver</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table> | Contributor Title | Contributor First Name* | | Becky | Organization Name or Contributor Last Name, as applicable* | | Beaver | | Contributor Suffix | | | | | | | | | | | | | | | |
| Contributor Title | Contributor First Name* | | | | | | | | | | | | | | | | | | | | | | | | |
| | Becky | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Name or Contributor Last Name, as applicable* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beaver | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributor Suffix | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | <table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">816 Congress Ave.</td><td colspan="2">Suite 1600</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Self-Employed</td><td colspan="2">Attorney</td></tr></table> | Contributor Address/ PO Box* | | Contributor Apartment or Suite Number | | 816 Congress Ave. | | Suite 1600 | | Contributor City* | | Contributor State* | Contributor Zip Code* | Austin | | TX | 78701 | Contributor Employer* | | Contributor Occupation* | | Self-Employed | | Attorney | |
| Contributor Address/ PO Box* | | Contributor Apartment or Suite Number | | | | | | | | | | | | | | | | | | | | | | | |
| 816 Congress Ave. | | Suite 1600 | | | | | | | | | | | | | | | | | | | | | | | |
| Contributor City* | | Contributor State* | Contributor Zip Code* | | | | | | | | | | | | | | | | | | | | | | |
| Austin | | TX | 78701 | | | | | | | | | | | | | | | | | | | | | | |
| Contributor Employer* | | Contributor Occupation* | | | | | | | | | | | | | | | | | | | | | | | |
| Self-Employed | | Attorney | | | | | | | | | | | | | | | | | | | | | | | |
| 3 CONTRIBUTION DETAILS | <table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161021</td><td>\$1,000.00</td></tr></table> | Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | 20161021 | \$1,000.00 | | | | | | | | | | | | | | | | | | | | |
| Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | | | | | | | | | | | | | | | | | | | | | | | | |
| 20161021 | \$1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |



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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* Matt Organization Name or Contributor Last Name, as applicable* Haney Contributor Suffix |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* 4306 Sinclair Ave Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78756 Contributor Employer* Harvest Rain Contributor Occupation* Vice President |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161021 (\$) Contribution Amount* \$500.00 |



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| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------------|---------------------------|---------------------------------------|----------|--|--|----------|--|--------------------|--|--------------------|-----------------------|--------|--|----|-------|-----------------------|--|-------------------------|--|------------------------|--|--------------------|--|
| 1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual | <table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Joseph</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Pinnelli</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table> | Contributor Title | Contributor First Name* | | Joseph | Organization Name or Contributor Last Name, as applicable* | | Pinnelli | | Contributor Suffix | | | | | | | | | | | | | | | |
| Contributor Title | Contributor First Name* | | | | | | | | | | | | | | | | | | | | | | | | |
| | Joseph | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Name or Contributor Last Name, as applicable* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pinnelli | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributor Suffix | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | <table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">PO Box 50038</td><td colspan="2"></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78763</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">J Pinnelli Company LLC</td><td colspan="2">General Contractor</td></tr></table> | Contributor Address/ PO Box* | | Contributor Apartment or Suite Number | | PO Box 50038 | | | | Contributor City* | | Contributor State* | Contributor Zip Code* | Austin | | TX | 78763 | Contributor Employer* | | Contributor Occupation* | | J Pinnelli Company LLC | | General Contractor | |
| Contributor Address/ PO Box* | | Contributor Apartment or Suite Number | | | | | | | | | | | | | | | | | | | | | | | |
| PO Box 50038 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributor City* | | Contributor State* | Contributor Zip Code* | | | | | | | | | | | | | | | | | | | | | | |
| Austin | | TX | 78763 | | | | | | | | | | | | | | | | | | | | | | |
| Contributor Employer* | | Contributor Occupation* | | | | | | | | | | | | | | | | | | | | | | | |
| J Pinnelli Company LLC | | General Contractor | | | | | | | | | | | | | | | | | | | | | | | |
| 3 CONTRIBUTION DETAILS | <table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161022</td><td>\$500.00</td></tr></table> | Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | 20161022 | \$500.00 | | | | | | | | | | | | | | | | | | | | |
| Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | | | | | | | | | | | | | | | | | | | | | | | | |
| 20161022 | \$500.00 | | | | | | | | | | | | | | | | | | | | | | | | |



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| Contributor Title | Contributor First Name* | | | | | | | | | | | | | | | | | | | | | | | | |
| | Joseph | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Name or Contributor Last Name, as applicable * | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reynolds | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributor Suffix | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | <table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">2611 West 49th St.</td><td colspan="2"></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78731</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 | | 2611 West 49th St. | | | | Contributor City* | | Contributor State* | Contributor Zip Code* | Austin | | TX | 78731 | Contributor Employer* | | Contributor Occupation* | | Retired | | Retired | |
| Contributor Address/ PO Box* | | Contributor Apartment or Suite Number | | | | | | | | | | | | | | | | | | | | | | | |
| 2611 West 49th St. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributor City* | | Contributor State* | Contributor Zip Code* | | | | | | | | | | | | | | | | | | | | | | |
| Austin | | TX | 78731 | | | | | | | | | | | | | | | | | | | | | | |
| Contributor Employer* | | Contributor Occupation* | | | | | | | | | | | | | | | | | | | | | | | |
| Retired | | Retired | | | | | | | | | | | | | | | | | | | | | | | |
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| Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | | | | | | | | | | | | | | | | | | | | | | | | |
| 20161021 | \$500.00 | | | | | | | | | | | | | | | | | | | | | | | | |



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| | | | |
|-------------------------------------|---|---|---|
| 1 | CONTRIBUTOR NAME | Contributor Title <input type="text"/> | Contributor First Name* <input type="text" value="Kirk"/> |
| <input checked="" type="checkbox"/> | Contributor is an individual | Organization Name or Contributor Last Name, as applicable* <input type="text" value="Mitchell"/> | Contributor Suffix <input type="text"/> |
| 2 | CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* <input type="text" value="PO Box 4023"/> | 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="78765"/> | |
| | | Contributor Employer* <input type="text" value="Self"/> | Contributor Occupation* <input type="text" value="Preservationist"/> |
| 3 | CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* <input type="text" value="20161021"/> | (\$) Contribution Amount* <input type="text" value="\$2,000.00"/> |

[Add Another Contribution Page](#)