



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 OCT 28 PM 3 03

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Arbor PAC</div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* <div>8127 Mesa Dr. #B-206</div> Apartment or Suite Number <div>PMB 255</div> City* <div>Austin</div> State* <div>TX</div> Zip Code* <div>78759</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title <div>Mr.</div> First Name <div>Marc</div> Middle Initial <div></div> Last Name <div>Duchen</div> Suffix <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box <div>4711 Spicewood Springs Rd.</div> Apartment or Suite Number <div>227</div> City <div>Austin</div> State <div>TX</div> Zip Code <div>78759</div>
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* <div>20161020</div>

\* 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 Duchon

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

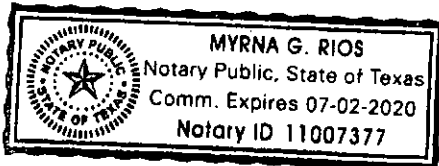
This instrument was acknowledged, sworn to and subscribed before me by

Marc Duchon

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

Typed or Printed Name of Notary





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(Previously Independent Expenditures not by a Candidate)

## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * Daniel Carvalho		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box * Rua Celso Ferraz de Camargo, 557	Payee Apartment or Suite Number	
		Payee City * Campinas	Payee State * TX	Payee Zip Code * 13083
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category * Advertising Expense	(\$) Expenditure Amount * \$4,000.00	
		Description (If Category is "Other")	Expenditure Date * 20161020	

### 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
Gauldin	Natalie	District 7 - City Council	



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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * Leland Beatty		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box * 1103 Upland Dr.	Payee Apartment or Suite Number	
		Payee City * Austin	Payee State * TX	Payee Zip Code * 78741
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category * Consulting Expense	(\$) Expenditure Amount * \$1,500.00	
		Description (If Category is "Other")	Expenditure Date * 20161020	

### 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
Gauldin	Natalie	District 7 - City Council	

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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * Southwest Laborers District Council SWLDC PAC		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	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 * 	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd) * 20161015	(\$) Contribution Amount * \$2,500.00	



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <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 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 704 Carolyn Avenue  Contributor City* Austin  Contributor Employer* Retired  Contributor Apartment or Suite Number  Contributor State* TX  Contributor Zip Code* 78705  Contributor Occupation* Retired
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161008  (\$) Contribution Amount* \$1,000.00



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <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
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4104 Turkey Creek Dr.  Contributor City* Austin  Contributor Employer* Retired  Contributor Apartment or Suite Number  Contributor State* TX  Contributor Zip Code* 78730  Contributor Occupation* Retired
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161005  (\$) Contribution Amount* \$500.00



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<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>Joannie</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Arrott</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Joannie	Organization Name or Contributor Last Name, as applicable*		Arrott		Contributor Suffix															
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	Joannie																								
Organization Name or Contributor Last Name, as applicable*																									
Arrott																									
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">4605 Limestone Circle</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">Texas Assn. of School Boards</td><td colspan="2">Risk Manager</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		4605 Limestone Circle				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78731	Contributor Employer*		Contributor Occupation*		Texas Assn. of School Boards		Risk Manager	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
4605 Limestone Circle																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78731																						
Contributor Employer*		Contributor Occupation*																							
Texas Assn. of School Boards		Risk Manager																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161008</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161008	\$1,000.00																				
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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Fred  Organization Name or Contributor Last Name, as applicable* Lewis  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4509 Edgemont Dr.  Contributor City* Austin  Contributor Employer* Self  Contributor Apartment or Suite Number  Contributor State* TX  Contributor Zip Code* 78731  Contributor Occupation* Attorney
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161017  (\$) Contribution Amount* \$800.00



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<b>Contributor Title</b>  <b>Contributor First Name*</b> Jett  <b>Organization Name or Contributor Last Name, as applicable*</b> Hanna  <b>Contributor Suffix</b>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<b>Contributor Address/ PO Box*</b> 6112 Highlandale Dr.  <b>Contributor City*</b> Austin  <b>Contributor Employer*</b> Texas Lawyer's Insurance  <b>Contributor Apartment or Suite Number</b>  <b>Contributor State*</b> TX  <b>Contributor Zip Code*</b> 78731  <b>Contributor Occupation*</b> Sr. VP
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<b>Contribution Date (yyyymmdd)*</b> 20161002  <b>(\$) Contribution Amount*</b> \$9,000.00

Add Another Contribution Page