



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 NOV 3 PM 2 24

<p>1</p> <p>INDIVIDUAL OR ORGANIZATION NAME</p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p>Arbor PAC</p>
<p>2</p> <p>INDIVIDUAL OR ORGANIZATION ADDRESS</p>	<p>Address/ PO Box* Apartment or Suite Number</p> <p>8127 Mesa Dr. #B-206 PMB 255</p> <p>City* State* Zip Code*</p> <p>Austin TX 78759</p>
<p>3</p> <p>COMMITTEE TREASURER NAME (if applicable)</p>	<p>Title First Name Middle Initial</p> <p>Mr. Marc </p> <p>Last Name Suffix</p> <p>Duchen </p>
<p>4</p> <p>COMMITTEE TREASURER ADDRESS (if applicable)</p>	<p>Address/ PO Box Apartment or Suite Number</p> <p>4711 Spicewood Springs Rd. 227</p> <p>City State Zip Code</p> <p>Austin TX 78759</p>
<p>5</p> <p>REPORT DATE</p>	<p>Date Filed (yyyymmdd)*</p> <p>20161103</p>

* 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: 11/3/16

[Handwritten Signature]

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

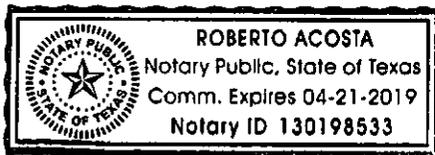
On the 3RD day of NOVEMBER, 2016, to certify which witness my hand and official seal.

Roberto Acosta

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	PAYEE NAME	Organization Name or Payee Last Name, as applicable*		
	<input type="checkbox"/> Payee is an individual	Worley Printing		
2	PAYEE ADDRESS	Payee Address/ PO Box*	Payee Apartment or Suite Number	
		3217 N. IH 35		
		Payee City*	Payee State*	Payee Zip Code*
		Austin	TX	78722
3	EXPENDITURE DETAILS	Category*	(\$) Expenditure Amount*	
		Printing Expense	\$3,468.33	
		Description (If Category is "Other")	Expenditure Date*	
			20161102	

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	
Walker	Rob	District 10 - City Council	



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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	Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Ed"/> Organization Name or Contributor Last Name, as applicable* <input type="text" value="Wendler"/> Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="4803 Balcones 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="Real Estate"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161130"/> (\$) Contribution Amount* <input type="text" value="\$800.00"/>

[Add Another Contribution Page](#)