



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> <div>Arbor PAC</div>														
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <div>8127 Mesa Dr. #B-206</div> <b>City*</b> <div>Austin</div>		<b>Apartment or Suite Number</b> <div>PMB 255</div> <b>State*</b> <div>TX</div> <b>Zip Code*</b> <div>78759</div>												
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<table border="0"><tr><td><b>Title</b></td><td><b>First Name</b></td><td><b>Middle Initial</b></td></tr><tr><td><div>Mr.</div></td><td><div>Marc</div></td><td><div></div></td></tr><tr><td><b>Last Name</b></td><td colspan="2"><b>Suffix</b></td></tr><tr><td><div>Duchen</div></td><td colspan="2"><div></div></td></tr></table>			<b>Title</b>	<b>First Name</b>	<b>Middle Initial</b>	<div>Mr.</div>	<div>Marc</div>	<div></div>	<b>Last Name</b>	<b>Suffix</b>		<div>Duchen</div>	<div></div>	
<b>Title</b>	<b>First Name</b>	<b>Middle Initial</b>													
<div>Mr.</div>	<div>Marc</div>	<div></div>													
<b>Last Name</b>	<b>Suffix</b>														
<div>Duchen</div>	<div></div>														
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> <div>4711 Spicewood Springs Rd.</div> <b>City</b> <div>Austin</div>		<b>Apartment or Suite Number</b> <div>227</div> <b>State</b> <div>TX</div> <b>Zip Code</b> <div>78759</div>												
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> <div>20161212</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: 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

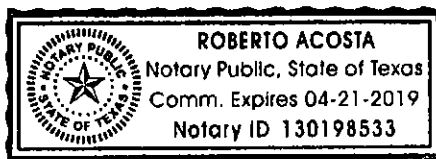
MARC DUCHON

On the 12TH 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.

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Google		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 1600 Amphitheatre Parkway	Payee Apartment or Suite Number	
		Payee City* Mountain View	Payee State* CA	Payee Zip Code* 94043
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Advertising Expense	(\$ ) Expenditure Amount* \$994.36	
		Description (If Category is "Other")	Expenditure Date* 20161211	

#### 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







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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	Contributor Title  Contributor First Name* Kirk  Organization Name or Contributor Last Name, as applicable* Mitchell  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* PO Box 4023  Contributor City* Austin  Contributor Employer* Self  Contributor Apartment or Suite Number  Contributor State* TX  Contributor Zip Code* 78765  Contributor Occupation* Preservationist
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161205  (\$) Contribution Amount* \$2,000.00



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Midwest Region Laborers' Political League		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1 N. Old State Capitol Plaza	Contributor Apartment or Suite Number Suite 525	
	Contributor City* Springfield	Contributor State* IL	Contributor Zip Code* 62701
	Contributor Employer* N/A	Contributor Occupation* N/A	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161205		(\$) Contribution Amount* \$1,000.00

Add Another Contribution Page