



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

Office Use Only ☐

## Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity and filed with the **Entity Reporting Cover Sheet**.

For detailed instructions on how to complete this form, see the **Lobbyist Reporting Form: Individual Reporting Guide**, or the **Lobbyist Reporting Form: Entity Reporting Guide**.

|   |   |   |   |  |   |   |   |   |   |           |        |    |       |
|---|---|---|---|--|---|---|---|---|---|-----------|--------|----|-------|
| <b>LOBBYIST<br/>NAME</b>                                    | <table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td></td><td>BOB</td><td></td></tr><tr><td>Last Name*</td><td colspan="2">Suffix</td></tr><tr><td>DIGNEO</td><td colspan="2"></td></tr></table> <p><input type="checkbox"/> My employer is a 501c(3) non-profit organization</p>   | Title   | First Name*   | Middle   |   | BOB   |   | Last Name*  | Suffix  |           | DIGNEO |    |       |
| Title   | First Name*   | Middle  |   |  |   |   |   |   |   |           |        |    |       |
|   | BOB   |   |   |  |   |   |   |   |   |           |        |    |       |
| Last Name*  | Suffix  |   |   |  |   |   |   |   |   |           |        |    |       |
| DIGNEO  |   |   |   |  |   |   |   |   |   |           |        |    |       |
| <b>LOBBYIST<br/>PERMANENT BUSINESS<br/>STREET ADDRESS</b>   | <table><tr><td>Permanent Business Street Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>816 CONGRESS AVENUE</td><td colspan="2">SUITE 1100</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td>78701</td></tr></table>  | Permanent Business Street Address*                                  | Apartment or Suite Number                                     |  | 816 CONGRESS AVENUE   | SUITE 1100  |   | City*   | State*  | Zip Code* | AUSTIN | TX | 78701 |
| Permanent Business Street Address*                          | Apartment or Suite Number   |   |   |  |   |   |   |   |   |           |        |    |       |
| 816 CONGRESS AVENUE   | SUITE 1100  |   |   |  |   |   |   |   |   |           |        |    |       |
| City*   | State*  | Zip Code*   |   |  |   |   |   |   |   |           |        |    |       |
| AUSTIN  | TX  | 78701   |   |  |   |   |   |   |   |           |        |    |       |
| <b>LOBBYIST<br/>BUSINESS MAILING<br/>ADDRESS</b>            | <table><tr><td>Business Mailing Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>816 CONGRESS AVENUE</td><td colspan="2">SUITE 1100</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td>78701</td></tr></table>   | Business Mailing Address*   | Apartment or Suite Number                                     |  | 816 CONGRESS AVENUE   | SUITE 1100  |   | City*   | State*  | Zip Code* | AUSTIN | TX | 78701 |
| Business Mailing Address*                                   | Apartment or Suite Number   |   |   |  |   |   |   |   |   |           |        |    |       |
| 816 CONGRESS AVENUE   | SUITE 1100  |   |   |  |   |   |   |   |   |           |        |    |       |
| City*   | State*  | Zip Code*   |   |  |   |   |   |   |   |           |        |    |       |
| AUSTIN  | TX  | 78701   |   |  |   |   |   |   |   |           |        |    |       |
| <b>REPORT TYPE</b>  | <p>Report Type*: Check all that apply</p> <table><tr><td><input type="checkbox"/> New Lobbyist Registration</td><td><input type="checkbox"/> Update Current Lobbyist Registration</td><td><input type="checkbox"/> Annual Renewal of Lobbyist Registration</td><td><input type="checkbox"/> Termination of Lobbyist Registration</td></tr><tr><td><input type="checkbox"/> Quarterly Activity Report: January</td><td><input type="checkbox"/> Quarterly Activity Report: April</td><td><input checked="" type="checkbox"/> Quarterly Activity Report: July</td><td><input type="checkbox"/> Quarterly Activity Report: October</td></tr></table> | <input type="checkbox"/> New Lobbyist Registration                  | <input type="checkbox"/> Update Current Lobbyist Registration | <input type="checkbox"/> Annual Renewal of Lobbyist Registration | <input type="checkbox"/> Termination of Lobbyist Registration | <input type="checkbox"/> Quarterly Activity Report: January | <input type="checkbox"/> Quarterly Activity Report: April | <input checked="" type="checkbox"/> Quarterly Activity Report: July | <input type="checkbox"/> Quarterly Activity Report: October |           |        |    |       |
| <input type="checkbox"/> New Lobbyist Registration          | <input type="checkbox"/> Update Current Lobbyist Registration   | <input type="checkbox"/> Annual Renewal of Lobbyist Registration    | <input type="checkbox"/> Termination of Lobbyist Registration |  |   |   |   |   |   |           |        |    |       |
| <input type="checkbox"/> Quarterly Activity Report: January | <input type="checkbox"/> Quarterly Activity Report: April   | <input checked="" type="checkbox"/> Quarterly Activity Report: July | <input type="checkbox"/> Quarterly Activity Report: October   |  |   |   |   |   |   |           |        |    |       |

\* Indicates a required field



# Lobbyist Reporting Form

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## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | TELECOMMUNICATIONS   |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
|  | <input type="text"/>   | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input checked="" type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate  |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input checked="" type="checkbox"/> Labor or Workforce  | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees   |
| <input checked="" type="checkbox"/> Code Compliance                                 | <input type="checkbox"/> Municipal Court  | <input checked="" type="checkbox"/> Technology or Communications   |
| <input checked="" type="checkbox"/> Construction                                    | <input checked="" type="checkbox"/> Municipal Legislation                                     | <input type="checkbox"/> Transportation or Mobility  |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   | <input type="text"/>   |

Add Additional Municipal Question

Delete this page

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## Lobbyist Reporting Form

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## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |               |                                  |
|--|---|---------------|----------------------------------|
| <b>CLIENT<br/>NAME</b><br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>AT&T |               |                                  |
| <b>CLIENT<br/>ADDRESS<br/>AND<br/>NATURE OF<br/>BUSINESS</b>                   | Client Business Address*                                      |               | Client Apartment or Suite Number |
|  | 816 CONGRESS AVENUE   |               | SUITE 1100                       |
|  | Client City*  | Client State* | Client Zip Code*                 |
|  | AUSTIN  | TX            | 78701                            |
|  | Nature of Client's Business*<br>TELECOMMUNICATIONS            |               |                                  |

### Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.  
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                                |  |  |      |              |
|--------------------------------|--|--|------|--------------|
| <b>CLIENT<br/>COMPENSATION</b> | Compensation Category*   |  | (\$) | Exact Amount |
|                                | less than \$10,000   |  | OR   |              |
|                                | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |  |      |              |
|                                | If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):<br><div></div>         |  |      |              |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

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## Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

|   |  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
|---|--|------------------------------------|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|--|----------------------|----------------------|--|-----------|-------------|--|----------------------|----------------------|--|
| <b>PERSON<br/>EMPLOYED<br/>OR<br/>RETAINED</b>                | <table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>  | Title                              | First Name*                       | Middle               | <input type="text"/> | <input type="text"/> | <input type="text"/> | Last Name*           | Suffix                                    |  | <input type="text"/> | <input type="text"/> |  | Employer* | Occupation* |  | <input type="text"/> | <input type="text"/> |  |
| Title   | First Name*  | Middle                             |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/>               |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| Last Name*  | Suffix   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>  | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| Employer*   | Occupation*  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>  | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <b>BUSINESS<br/>ADDRESS</b>                                   | <table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr></table>  | Business Address*                  | Apartment or Suite Number         | <input type="text"/> | <input type="text"/> | City*                | State* Zip Code*     | <input type="text"/> | <input type="text"/> <input type="text"/> |  |                      |                      |  |           |             |  |                      |                      |  |
| Business Address*   | Apartment or Suite Number  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>  | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| City*   | State* Zip Code*   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>  | <input type="text"/> <input type="text"/>  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <b>MAYOR/COUNCIL<br/>RELATIVE<br/>OR<br/>HOUSEHOLD MEMBER</b> | <p><input type="checkbox"/> Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?</p> <p>If yes, describe the nature of their employment *required if the above box is checked</p> <p><input type="text"/></p> <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table> | First Name of Mayor/Council Member | Last Name of Mayor/Council Member | <input type="text"/> | <input type="text"/> |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| First Name of Mayor/Council Member                            | Last Name of Mayor/Council Member  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>  | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |

\* Indicates a required field

Add Another Employee Page

Delete this page



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Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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## Section 5: Statement of No Activity

### STATEMENT OF NO ACTIVITY

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I have no Client Compensation to report during this activity period (§4-8-6(A)(2)).
- I have no Expenditures for lobbying to report during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

### No Activity Confirmation

☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
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## Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

|   |  |                                     |
|---|--|-------------------------------------|
| <b>EXPENDITURE<br/>TOTALS</b><br><br><b>(Blank values<br/>will be interpreted as \$0)</b> | (\$ ) Reimbursement to Others  | <input type="text" value="\$0.00"/> |
|   | (\$ ) Food and Beverages   | <input type="text" value="\$0.00"/> |
|   | (\$ ) Transportation and Lodging   | <input type="text" value="\$0.00"/> |
|   | (\$ ) Gifts (other than Awards and Mementos)   | <input type="text" value="\$0.00"/> |
|   | (\$ ) Entertainment  | <input type="text" value="\$0.00"/> |
|   | (\$ ) Awards and Mementos  | <input type="text" value="\$0.00"/> |
|   | (\$ ) Honorariums  | <input type="text" value="\$0.00"/> |
|   | (\$ ) Attendance of Council Members at Charitable Events or Fundraisers                      | <input type="text" value="\$0.00"/> |
|   | (\$ ) Media Communications (broadcast, print, advertising, etc.)                             | <input type="text" value="\$0.00"/> |
|   | (\$ ) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j) | <input type="text" value="\$0.00"/> |



# Lobbyist Reporting Form

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## Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

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

|  |   |
|--|---|
| <b>PAYEE NAME<br/>AND<br/>BUSINESS<br/>INTEREST</b><br><br><input type="checkbox"/> Payee is an individual | Organization Name or Payee Last Name, as applicable*<br><input type="text"/><br><br><input type="checkbox"/> This payee is a business or business interest of a City Official<br>If yes, First Name of City Official<br><input type="text"/><br>Last Name of City Official<br><input type="text"/><br>Department of City Official<br><input type="text"/><br>Job Title of City Official<br><input type="text"/> |
| <b>PAYEE<br/>ADDRESS</b>   | Payee Address/ PO Box*<br><input type="text"/><br>Payee Apartment or Suite Number<br><input type="text"/><br>Payee City*<br><input type="text"/><br>Payee State*<br><input type="text"/><br>Payee Zip Code*<br><input type="text"/>   |
| <b>EXPENDITURE<br/>DETAILS</b>   | (\$) Expenditure Amount*<br><input type="text"/><br>Expenditure Date*<br><input type="text"/><br>Category*<br><input type="text"/><br>Purpose of the Expenditure*<br><input type="text"/>   |

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

| City Official First Name | City Official Last Name | Department | Job Title |
|--------------------------|-------------------------|------------|-----------|
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |

Add Another Expenditure Page

Delete this page





## Lobbyist Reporting Form

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## Section 8: Declaration and Electronic Submission

### DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

\_\_\_\_\_  
Signature of Registrant

7/5/2017

Report Date\*

BOB DIGNEO

Printed/Typed Name

### Electronic Submission and Signature



I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.

Submit this form via e-mail